

UCC NURSERY SCHOOL

Child Information Form

Child's name: _____ Date of Birth: _____ M F

Nickname: _____ Right or Left Handed: _____

Sitter Name and phone number: _____

Family Information

Child lives with: Both parents Mom Dad Guardian and/or step parent

Address: _____ Home Phone: _____
(Street) (City) (Zip Code)

Mother/Guardian

Name: _____ Cell: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Father/Guardian:

Name: _____ Cell: _____ Email: _____

Place of Employment: _____ Work Phone: _____

Siblings: Names and ages _____

Relevant custody information _____

Health Information

Pediatrician's Name and Number _____

Current Medications _____

Allergies & Treatment _____

Other concerns or special services your child receives _____

Emergency Contact & Transport Information

Parents will be contacted first. At least ONE emergency contact is required.

Name	Relationship	Phone 1	Phone 2	OK to Transport
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

 (Signature of Parent or Guardian)

 (Date)

Emergency Treatment Operative Permit UCC Nursery School

Please complete EITHER the consent (top) OR refusal (bottom).

Consent

In case of emergency, I _____ (Parent / Guardian), being legally empowered to do so, hereby grant to the UCC Nursery School, its staff and teachers, the right to give a licensed attending physician or surgeon and/or hospital, permission and consent for emergency treatment and surgery for _____ (Child's Full Name)

In the event that I am not available when such treatment or surgery is needed, I prefer to have my child taken to _____ (Name of Hospital)

I have read the above consent and understand the contents thereof:

(Parent/Guardian Signature)

(Witness Signature)

(Parent/Guardian Printed Name)

Refusal

I have read the above consent and will not sign for the following reason(s): _____.

I understand that the UCC Nursery School will be held harmless should any doctor or hospital refuse to administer care to _____ (Child's Full Name) as a result of my refusal to sign this Emergency Treatment Operative Permit.

I have read the above refusal and understand the contents thereof:

(Parent/Guardian Signature)

(Witness Signature)

(Parent/Guardian Printed Name)