Tara Redwood School, 5810 Prescott Road, Soquel CA 95073 831-462-9632
www.TaraRedwoodSchool.org office@tararedwoodschool.org

TARA REDWOOD SCHOOL CHILD EMERGENCY INFORMATION

Child's Last Name: _____First _____MI____ M / F DOB: _____

Home address: _____City _____Zip _____

Home/day - Phone_____

Parent #1 Full Name: _____ Employer _____

_____
Work phone Cell phone Email

Parent #2 Full Name: _____ Employer _____

Phone/Email:_____
Work phone Cell phone Email

With whom does the child live?_____ Are there custody arrangements? Yes (Please attach documents)

Name _____ DOB: _____

Name_____ DOB: _____

ADDITIONAL PERSONS WHO MAY BE CALLED IN AN EMERGENCY

Name _____Relationship_____ Ph #s _____

Name _____Relationship_____ Ph #s _____

Name _____Relationship_____ Ph #s _____

Primary Doctor_____ Ph#_____ Dentist _____Ph#_____

Does *your* child currently have medical insurance? Yes No
If yes, please state the Insurance carrier & number: _____

NAMES OF PERSONS AUTHORIZED TO TAKE CHILD FROM THE FACILITY
(Child WILL NOT BE ALLOWED TO LEAVE WITH ANY OTHER PERSON WITHOUT WRITTEN AUTHORIZATION FROM PARENT OR AUTHORIZED REPRESENTATIVE)

Name_____Relationship_____Ph#s_____
Phone #1 Phone#2

Name_____Relationship_____Ph#s_____
Phone #1 Phone#2

Name_____Relationship_____Ph#s_____
Phone #1 Phone#2

CONSENT FOR EMERGENCY MEDICAL TREATMENT
As the parent or authorized representative, I hereby give consent to provide all emergency dental or medical care prescribed by a duly licensed physician (M, D,), Osteopath (D.O.) or Dentist (D.D.S.) for: *my* child named above. This care *may* be given under whatever conditions are necessary to preserve the life, limb or well being of my dependent

Child has the following illnesses: _____

Child has the following allergies: _____

Child regularly takes the following medication: _____

PARENT/GUARDIAN SIGNATURE _____ DATE _____