



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? If 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 _____