



Highland Park Community  
Nursery School & Day Care Center  
Emergency/Medical Information

**EMERGENCY CONTACT INFORMATION**

M Child's Name: \_\_\_\_\_  
F First Last Middle

You, the parent/guardian, will always be the first we contact incase of an emergency. Please list additional names of people we should call in case we are not able to reach you.

Name Relationship to Child Phone Address

**DOCTOR'S INFORMATION**

Doctor's Name \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

*I give permission for my child \_\_\_\_\_ to receive emergency medical treatment which may include but is not limited to first aid by staff, care by paramedics, physician or local hospital. I understand that I am responsible for any costs incurred.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**ALLERGIES**

List allergies your child has to any food, medication, insects, etc. \_\_\_\_\_

Any additional information you feel we need to know \_\_\_\_\_

*I understand that Highland Park Community Nursery School and Day Care Center is attempting at all times to exercise reasonable caution and I do not hold them responsible for accidental injury occurring while my child is attending the center.*

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

**RELEASING OF YOUR SON/DAUGHTER**

You **MAY** release my child to:

Name Relationship to Child Phone Address

You **MAY NOT** release my child to:

Name Relationship to Child Phone Address

**Office Use:**

If applicable, do we have copy of custody papers on file?  Yes  No

Child is enrolled M T W Th F and between the hours of \_\_\_\_\_.

Date of Admission: \_\_\_\_\_

Date of Discharge: \_\_\_\_\_