

EMERGENCY CONTACT FORM

This form will be used by Northfield Community Nursery School in the event of a medical emergency which requires the school and/or medical personnel to contact a child's parent/guardian. It contains important information about your child that may be needed in an emergency situation, and provides the fastest way to reach parents and/or other individual in the event that neither parent can be reached.

Child's name: _____ Birthdate: _____
(first) (last)

Any known allergies or medical conditions: _____

Address: _____ Home Phone: _____

Physician's name: _____ Phone _____
Address: _____

Dentist's name: _____ Phone _____
Address: _____

1st person to contact in the event of emergency: mother / father / guardian (circle one)

Name: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Name and place of business if applicable: _____

2nd person to contact in the event of emergency: mother / father / guardian (circle one)

Name: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Name and place of business if applicable: _____

Authorized person to contact if neither parent is reachable:

Name: _____ Relationship to child: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Name and place of business if applicable: _____

I hereby authorize school officials to seek immediate medical attention with Northfield Paramedic Emergency Service in an emergency situation involving my above named child. I agree to accept all financial responsibility incurred by such action which may include transportation to and/or treatment at Glenbrook Hospital, Glenview, IL.

(parent/guardian name)

(signature)

(date)