

EMERGENCY CONTACT FORM – Music and Movement, Parent and Tot

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 someone other than the parent/caregiver who attends the Parent and Tot class with the child. It contains important information about you and/or 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 of an emergency.

Child's name: _____ Birthdate: _____

Any known allergies or medical conditions: _____

Address: _____ Home Phone: _____

Physician's name: _____ Phone _____

Address: _____

1st person to contact in the event of emergency:

Name: _____ Relationship: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Name and place of business if applicable: _____

2nd person to contact in the event of emergency:

Name: _____ Relationship: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Name and place of business if applicable: _____

Adult participant's name: _____

Any known allergies or medical conditions: _____

Address: _____ Home Phone: _____

Physician's name: _____ Phone _____

Address: _____

1st person to contact in the event of emergency:

Name: _____ Relationship: _____

Cell phone: _____

Work phone: _____

Home phone: _____

Name and place of business if applicable: _____

2nd person to contact in the event of emergency:

Name: _____ Relationship: _____

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 and/or adult. I agree to accept all financial responsibility incurred by such action which may include transportation to and/or treatment at Glenbrook Hospital, Glenview, IL.
