

**NORTH BRANCH SCHOOL NURSERY/PRESCHOOL EMERGENCY INFORMATION**

It is important that every line be filled in on this form. If something is not applicable, please write N/A on the line.

Student's Name: \_\_\_\_\_ Student's Nickname: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_

If Child Attends NBS and another School/Program, List name of School/Program:

\_\_\_\_\_

Mother's Name and Address: \_\_\_\_\_

Father's Name and Address: \_\_\_\_\_

Home Phone Number(s): \_\_\_\_\_

Mother's Place of Employment: \_\_\_\_\_

Mother's Work #: \_\_\_\_\_ Mother's Cell #: \_\_\_\_\_

Father's Place of Employment: \_\_\_\_\_

Father's Work #: \_\_\_\_\_ Father's Cell #: \_\_\_\_\_

Name, address, and telephone number of nearest relatives, neighbors, or friends to be contacted if parents cannot be reached (list at least two):

1. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

2. NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

In the event of emergency, we request that you take our child to:

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital Emergency Room: \_\_\_\_\_

(Please note: Either NBS staff or rescue squad members may make the decision to take your child to a different emergency room.)

Medical Insurance Carrier and Policy #: CARRIER: \_\_\_\_\_

POLICY#: \_\_\_\_\_

(over)

Student name \_\_\_\_\_

Allergies your child has and actions to be taken should an allergic reaction occur:

\_\_\_\_\_

Specific health problems and any actions to be taken: \_\_\_\_\_

\_\_\_\_\_

Chronic physical problems &/or pertinent developmental information that would be

helpful to know: \_\_\_\_\_

\_\_\_\_\_

Please list below names of any persons with whom your child may leave school. (Some parents choose to put "any NBS parent or teacher." This is entirely at your discretion and is not meant as a recommendation.) If someone will be picking up your child other than those listed we need to have written authorization:

**AUTHORIZATION:**

I authorize the North Branch staff to secure emergency care for my child if I cannot be reached.

I understand that the school will notify me if my child becomes ill, and that I will arrange to have my child picked up as soon as possible. In the event the North Branch staff cannot reach either parent, the people listed on the front of this form may be contacted to pick up my child.

I agree to notify the school within 24 hours or the next business day after my child or any member of my immediate household has developed any reportable communicable disease as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

Parent's signature: \_\_\_\_\_ Date: \_\_\_\_\_