



EMERGENCY INFORMATION

PRESCHOOL

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 Full Name: _____ Student's Nickname: _____

Student's Date of Birth: _____ Gender: _____

If child attends NBS and another School/Program, list names of School/Program: _____

Mother's Name & Address: _____ Home Phone: _____

Mother's Place of Employment: _____ Work Phone: _____

Email: _____ Cel Phone: _____

Father's Name & Address: _____ Home Phone: _____

Father's Place of Employment: _____ Work Phone: _____

Email: _____ Cel Phone: _____

Name, address, and telephone number of nearest relatives, neighbors, or friends to be contacted if parents cannot be reached:

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

Name: _____ Phone: _____

Address: _____ City: _____ State _____ Zip: _____

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 Information

Carrier: _____ Policy #: _____

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 and/or pertinent developmental information that would be helpful to know: _____

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

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 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: _____