

## Cary Park District Preschool - Emergency Card

A participant will not be allowed into preschool without a completed Emergency Card on file with Preschool staff.

Please circle one:

**3 year old:**    M/W/F    T/TH    **4 year old:**    M/W/F - AM    M/W/F - PM    T/TH

Child's Name \_\_\_\_\_ (M / F)    Birth Date \_\_\_\_\_

Circle

Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Siblings also participating in preschool \_\_\_\_\_

Mother or Legal Guardian's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

Father or Legal Guardian's Name \_\_\_\_\_ Cell Number \_\_\_\_\_

Employer \_\_\_\_\_ Phone Number \_\_\_\_\_

May we contact either parent/guardian if a need arises?    YES    NO    If no, please explain \_\_\_\_\_

Are both parents/guardians listed above authorized for pick-up?    YES    NO    If no, please explain \_\_\_\_\_

In the event a parent/guardian cannot be reached and a completed 'Release of Preschool Child' form has not been submitted to Preschool staff, I authorize the following individuals to be contacted to pick up my child. One contact must be a Cary resident.

Name

Relationship

Phone Number

1) \_\_\_\_\_

2) \_\_\_\_\_

### Medical History: (Preschool staff cannot administer medication.)

Allergies \_\_\_\_\_ List all medications taken currently \_\_\_\_\_

Family Physician \_\_\_\_\_

Name

Address

Phone Number

### Consent For Treatment:

THIS CONSENT WILL BE VALID SEPTEMBER 2, 2008 THROUGH MAY 30, 2009 OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL/LEGAL GUARDIAN CONSENT FOR THE CARY PARK DISTRICT TO TAKE MY CHILD TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF THE CARY PARK DISTRICT IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

Signature of parent/guardian completing this form \_\_\_\_\_ Relationship \_\_\_\_\_