

Cary Park District Preschool 2020/2021 School Year - 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/Tu (Lee/Schaeffer) | 3 year old W/Th (Carzoli/Lee/Valaitis) | 3 year old F (Lee/Valaitis) | 4 year old M/Tu (Herbster/Tamason) | 4 year old W/Th (Herbster/Tamason) | 4 year old W/Th (Nobbe/Erdmann) |
|--|---|--|---|---|--|

Child's Name _____ (M / F) Birth Date _____
Circle

Address _____ Email _____

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.

| <u>Name</u> | <u>Relationship</u> | <u>Phone Number</u> |
|-------------|---------------------|---------------------|
| 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THIS CONSENT WILL BE VALID NOVEMBER 2, 2020 THROUGH MAY 21, 2021 OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN.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 _____