Your child will not be allowed to attend the first day of school without a completed Emergency Card on file.

Cary Park District – Preschool
2023-2024 Emergency Card

Child's First Name _____ Child's Last Name _____

Address_____ Birth Date_____

Parent/Guardian Name_____ E-Mail _____

Cell Phone Number _____ Alternate Phone Number_____ (work/home)

Parent/Guardian Name_____ E-Mail _____

Cell Phone Number _____ Alternate Phone Number_____ (work/home)

Can we contact either parent 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_____

If **NO**, which parent/guardian is not authorized for pick-up? _____

Authorization for Pick-Up/Release of Child

In addition to the names listed above, I give permission for the following individuals to pick-up my child. Please understand that picture identification will be required at time of pick-up.

Name	Relationship	Phone Number
1)		
2)		
3)		

Medical Information:

If your child requires any medications, inhalers, epi-pen, etc. additional forms will be required. Below are the forms needed for the different medical diagnoses. If your child requires something not listed, please contact the Program Manager.

Asthma
- Asthma Action Plan
- Permission to Dispense Medication
- Medication Dispensing Information

Food Allergy
- Food Allergy Emergency Action Plan
- Permission to Dispense Medication
- Medication Dispensing Information

Allergy – Non Food
- Permission to Dispense Medication
- Medication Dispensing Information

Does your child have any medical diagnoses we need to know about or that require additional forms? YES: _____ NO: _____

If yes, please list diagnoses: _____

Does your child need any special accommodations in order to be successful in this program? (I.e. specialized equipment, behavior plan, etc.)

_____

Consent for Treatment - Please enter your child's name on the line: _____

THIS CONSENT WILL BE VALID BETWEEN 9/5/23-5/17/24 OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL 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_____ Date Signed: _____Relationship to Participant_____