



EMERGENCY INFORMATION

Name of Child _____ Gender _____ Birthdate _____

Parent or guardian _____ Home Phone _____

Home Address/City/State/Zip _____

Business Name _____ Work Hours _____

Business Address/City/State/Zip _____

Work Phone _____ Cell Phone _____ E-mail _____

Parent or guardian _____ Home Phone _____

Home Address/City/State/Zip _____

Business Name _____ Work Hours _____

Business Address/City/State/Zip _____

Work Phone _____ Cell Phone _____ E-mail _____

Primary Language of Student _____ Primary Language of Family _____

Race/Ethnicity of Student _____ Race/Ethnicity of Primary Participating Parent _____

MEDICAL INFORMATION

Current Illnesses/Diagnoses/Special Needs _____

Past Illnesses/Procedures _____

Current Medications _____

Allergies _____

Date of last tetanus immunization _____

Other health information _____

Health Insurance Company _____

Member Number _____ Group Number _____

Please list the name of a friend or relative who may be reached in case of an emergency. This individual may be asked to pick your child up from GOCP in the event of an illness, injury or emergency. It is a State Requirement that a LOCAL emergency person is listed.

Name _____ Relationship to child _____

Address/City/State/Zip _____ Phone _____

PERSONS AUTHORIZED TO PICK UP MY CHILD

Authorized individuals will be required to show picture identification when picking up a child from GOCP. Under no circumstances will a child be released to anyone not known to the center without authorization from parents or guardians.

1) Name _____ Relationship to child _____

Address/City/State/Zip _____ Phone _____

2) Name _____ Relationship to child _____

Address/City/State/Zip _____ Phone _____

If a parent is denied permission to pick-up a child, please provide parent's name _____ and a copy of the court order.

NEAREST RELATIVES

Please list the two geographically closest relatives that may be contacted in case of an emergency when parents and the local emergency contact cannot be reached.

Name _____ Relationship to child _____

Address/City/State/Zip _____ Phone _____

Name _____ Relationship to child _____

Address/City/State/Zip _____ Phone _____

Signature of Parent or Legal Guardian _____ Date _____



EMERGENCY MEDICAL AUTHORIZATION

I agree, and by my signature give consent that in case of an accident, injury or illness of a serious nature, my child will be given emergency medical care. I understand that I will be contacted immediately, or as soon as possible, should I be away from the phone numbers given with this form.

Child's Name _____ Date of Birth _____

Child's Physician _____ Phone _____

Address/City/State/Zip _____

Specialty Physician (if applicable) _____ Phone _____

Address/City/State/Zip _____

Specialty Physician (if applicable) _____ Phone _____

Address/City/State/Zip _____

Child's Dentist _____ Phone _____

Address/City/State/Zip _____

Do you have a preference regarding the hospital we would take your child to in case of a medical emergency?

Yes _____ No _____ If yes, please indicate your hospital of preference _____

Preferred Pharmacy _____ Phone _____

Address/City/State/Zip _____

Signature of Parent or Legal Guardian _____ Date _____

EMERGENCY TRANSPORT PERMISSION

By signing below, I give permission for a teacher or representative of Geist Orchard Cooperative Preschool (GOCP) to transport my child to the defined emergency off-campus meeting point of Kroger, 9799 E. 116th Street, Fishers, IN, 46037 or to the defined emergency hospital, IU Health Saxony Hospital, 13000 E 136th St, Fishers, IN 46037, in the event of an extreme event that requires immediate evacuation due to a life-threatening situation located at or near the school campus. I understand that this type of transportation will only be taken as a last resort in an extreme catastrophic situation and that proper car seats or child restraints may not be available in the vehicle. Following this evacuation, parents or emergency contacts will be notified immediately.

Signature of Parent or Legal Guardian _____ Date _____

REMINDER: Please update information contained on this form when changes occur.