

Elizabethtown Community Nursery School Emergency Medical Form

Child's Name _____
Address _____

Mother/Legal Guardian _____
Address _____
Home Phone _____ Cell _____ Work _____

Father/Legal Guardian _____
Address _____
Home Phone _____ Cell _____ Work _____

Emergency Contact: (Teacher will call if parent can't be contacted.)
Name _____ Phone when child is at ECNS _____
Name _____ Phone when child is at ECNS _____

Person(s) to whom child may be released (in addition to parent/legal guardian):
Name _____ Phone when child is at ECNS _____
Name _____ Phone when child is at ECNS _____

Name of Physician/Medical Care Provider _____
Address _____
Telephone _____
Allergies (include medication reaction) _____
Medication, special conditions _____
Special needs of child _____
Services your child receives _____
Health Insurance _____ Policy # _____ Name of Insured _____

Name of child's dentist _____ Telephone _____

Signature of Parent/Guardian **Date**

I have updated this form mid-year:

Signature of Parent/Guardian Date _____