



HEALTH & EMERGENCY CONSENT FORM

Child's Full Name: _____ Date of Birth: _____

Gender: _____ Nickname: _____ Class: Purple Yellow Blue Red Green

Please list the following information for Emergency Contact purposes. Parents will be contacted in the order they are listed.

Parent(s) full name and phone number: _____

Home Address: _____

Work Address: _____

Please list three people with name, relation, and phone, for emergency contact in case neither parent can be reached:

1. _____

2. _____

3. _____

Child's doctor: _____ Phone: _____

Do you have health insurance? YES NO Provider: _____

Health card number/member number: _____ Group number: _____

In case of emergency, to which hospital should your child be taken? _____

Child's dentist: _____ Phone: _____

Do you have dental insurance? YES NO Provider: _____

Dental card number/member number: _____

Please indicate any of the following your child has had:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Concussions | <input type="checkbox"/> Tonsillitis | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Heart murmur |
| <input type="checkbox"/> Kidney disease | <input type="checkbox"/> Scarlet Fever | <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Fainting spells |
| <input type="checkbox"/> German Measles | <input type="checkbox"/> Measles | <input type="checkbox"/> Pneumonia | <input type="checkbox"/> Whooping Cough |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Mumps | <input type="checkbox"/> Chicken Pox | <input type="checkbox"/> Diabetes |

Allergies:

Medication Asthma Hay Fever Bee Sting Skin sensitivities Food sensitivities or allergies

If food or medication, please list: _____

Operations or serious illnesses: _____

Physical defects, if any, including vision and hearing: _____

Is your child under any treatment or doctor's care? _____

Is your child currently taking medications? Please list: _____

If your child needs to receive prescription medication during school hours, do you give the teacher permission to administer it? YES NO

I understand that in case of an emergency, any parent(s) listed would be contacted immediately. If no parent can be reached, the school would attempt to contact our designated emergency contacts and then our physician. If none of these people can be reached, someone from the school will take my child to the hospital I have specified for emergency treatment. In a life or death situation, the TRFDP rescue unit will be called first; I also understand that my child maybe taken to the nearest hospital. We release Tigard Playschool, INC from any and all liabilities for injuries or illnesses resulting from conditions or circumstances beyond its control.

Parent's signature: _____ Date: _____

Tigard Playschool, Inc. does not discriminate on the basis of race, color, or national and ethnic origin.

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