

APPENDIX 2: SANDHURST EMERGENCY CONTACT INFORMATION

(Health & Safety Officer—2 copies needed: file and earthquake kit)

Child's Name: _____ Birthdate: _____

Name of Parent(s)/Guardian(s): _____ Name/Phone of Doctor: _____

Child's Address: _____

Home Phone #: _____

Parent/Guardian #1 – Cell Phone: _____

Work Phone: _____

Parent/Guardian #2 – Cell Phone: _____

Work Phone: _____

Alternate Caregiver – Cell Phone: _____

Phone #2: _____

Out-of-state Emergency Contact: _____

Phone #: _____

Child health info (allergies, etc): _____

The following persons are authorized to pick up my child from preschool, in event of emergency or otherwise (use back of form if more space is necessary):

_____ Phone #: _____

_____ Phone #: _____

_____ Phone #: _____

My child may NOT EVER be released to the following person or persons:

_____ Phone #: _____

_____ Phone #: _____

The information I have listed above is correct and I agree to update Sandhurst Cooperative Preschool in writing with any changes. I agree to let the teacher or substitute know beforehand by telephone or in person if my child will be released to one of the authorized parties above. I also give permission for my child to be given reasonable emergency treatment by a Cooperative or Staff member at Sandhurst Cooperative Preschool. I further authorize and consent to medical, surgical, and hospital care, aid car care, treatment, and procedures to be performed for my child by a physician, hospital, or aid car attendant when deemed necessary or advisable to safeguard my child's health in my absence. I understand that Sandhurst representatives will do their best to contact me in the event of an emergency, but, as described above, I give full permission to Sandhurst and its Cooperative members and staff to make reasonable medical decisions if Sandhurst representatives are unable to contact me or I am incapacitated.

Signature of Parent / Guardian

Date