



INTERLAKEN
PRESCHOOL

copy to fire drill binder
 copy to classroom

EMERGENCY CONTACT FORM

Child's Name: _____ Birthdate: __ __ / __ __ / __ __

Parent(s)/Guardian(s): _____

Allergies, Medical Conditions, or Concerns (circle): **no yes:** indicate specifics _____

Last tetanus shot: __ __ / __ __ / __ __ **Regular medications:** _____

Physician Name **Address** **Phone**

Dentist Name **Address** **Phone**

Insurance company: _____ **Policy number:** _____

PRIMARY CONTACT PERSON

(parent/guardian who will be nearby or most reachable in an emergency)

Name: _____ Relationship to Child: _____

Cell phone: () _____ Email: _____

Work phone: () _____ Home phone: () _____

Employer/Name of Company: _____

Home address: _____
street city state zip

SECONDARY CONTACT PERSON

(other parent/guardian or person we should call next in an emergency)

Name: _____ Relationship to Child: _____

Cell phone: () _____ Email: _____

Work phone: () _____ Home phone: () _____

Employer/Name of Company: _____

OTHER PERSONS AUTHORIZED TO PICK UP YOUR CHILD FROM IP

Please list at least two – we recommend that the first contact person be nearby to IP, for emergency pick-up. **Our licensor requires that we have the cell phone and address for every person listed.**

1. Name: _____ Relationship to child: _____

Cell phone: () _____ Address: _____

Other important info:

2. Name: _____ Relationship to child: _____

Cell phone: () _____ Address: _____

Other important info:

3. Name: _____ Relationship to child: _____

Cell phone: () _____ Address: _____

Other important info:

OUT-OF-STATE CONTACT

1. Name: _____ Relationship to child: _____

Cell phone: () _____ Address: _____

Other important info:

CONSENT TO MEDICAL CARE & TREATMENT (please sign and date below) I

understand that my child will not be released to persons other than parents and those “authorized” persons listed above. I agree to inform IP immediately, in writing, of any changes to the information listed here. In the case of a disaster (earthquake, severe weather, etc.) that prevents me from reaching IP, I authorize IP staff to release my child to a known adult (a teacher, or the parent of another child) until I’m able to come meet them. I hereby give permission that my child, _____, may be given emergency treatment, to include first aid and CPR by a qualified IP staff member. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child’s health and I cannot be contacted. I waive my right to informed consent of such treatment. I also give permission for my child to be transported by staff member, ambulance or aid car to an emergency center for treatment. I hereby certify under penalty of perjury under the laws of the State of Washington that the information on this form is true and correct.