

# ROGERS-PIERCE CHILDREN'S CENTER

75 Pleasant Street, Arlington, MA 02474  
Tel. (781)646-5280 FAX (781)646-5295

## Medical Information and Emergency Information Form

CHILD'S NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

I authorize staff in the child care program who are trained in the basics of First Aid to give my child First Aid when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to \_\_\_\_\_ and to secure necessary medical treatment for my child.

Child's Physician Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Child's Allergies: \_\_\_\_\_

Chronic Health Conditions: \_\_\_\_\_

### EMERGENCY CONTACTS ( In order to be contacted)

PARENT NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

1. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

2. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

3. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

4. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

5. Name \_\_\_\_\_ Address \_\_\_\_\_

Relationship to child \_\_\_\_\_ Phone # \_\_\_\_\_

Do you give permission for child to be released to this person? Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
*Parent / Guardian Signature*

\_\_\_\_\_  
*Date*