

Emergency Form 19-20 – Child Study & Development Center

Child's Name: _____ Date of Birth: ____/____/____

Physical Address: _____

Street
City, State
Zip Code

Mailing Address (if different): _____

Street
City, State
Zip Code

Office Use
Only

Parent/Guardian: _____ Parent/Guardian: _____

Address (if different): _____ Address (if different): _____

Cell Phone: _____ Cell Phone: _____

Home Phone: _____ Home Phone: _____

Work Phone: _____ Work Phone: _____

(Please indicate the number to be called first with a *)

Company/Dept.: _____ Company/Dept.: _____

Email: _____ Email: _____

Medical Information: Please list chronic conditions, allergies or medications that could be important in case of sudden illness or injury (Please be specific) _____

Are any of the above-mentioned items deemed life threatening? Yes / No

Emergency Person(s) *Please list two persons with whom you would feel comfortable leaving your child, authorizing to dispense medication for your child, and assuming responsibility for your child if you could not be reached immediately in an emergency, or if for some reason, you could not pick up your child and were unable to communicate with the program. Example: If your child became sick/ injured and neither of the parent/guardians was accessible.*

Name:	Name:
Relationship to child:	Relationship to child:
Primary Contact Information:	Primary Contact Information:
Are there special instructions for reaching this person?	Are there special instructions for reaching this person?
Anything else your child's teachers should know?	Anything else your child's teachers should know?

Physician to be called in an emergency:

Doctor Name: _____ Phone: _____

Name of Practice: _____

Insurance Company: _____ Policy Number: _____

Name of Insured/Subscriber: _____

I do not wish to provide medical insurance information

**By signing below I authorize CSDC staff to access health information that we have provided about our child and to take whatever emergency medical measures are deemed necessary for the protection of my child while s/he is in their care. I understand that this authorization includes calling the physician named above, implementing her/his instructions, and transporting my child to a hospital or clinic without first obtaining my consent, although the staff will try to contact me immediately.

List of non-emergency/alternate pick-up persons

(Do not include persons from page 1)

Name:	Phone #:	Relationship:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE TO PARENT/S or GUARDIAN/S: The licensing authority for this program is the bureau of licensing and certification, child care licensing unit. Child Care programs are required to post a copy of the statement of findings and corrective active plan for the most recent visit in a location which is accessible to parents, and must maintain copies of the statement of findings and corrective action plan for the preceding visit and make them available for parents to review upon request. Statements of findings and corrective action plans are available on-line at <https://nhlicenses.nh.gov/verification/Search.aspx> or by calling the unit at 603-271-9025 or 1-800-852-3345 ext. 9025.

During visits to programs, licensing staff speak with children regarding the care they receive at a program if in the judgment of the licensing staff the children's response would be valuable in determining compliance with licensing rules. Licensing staff are experienced in working with children and trained to speak with children in a manner that is respectful and non-leading. Children will remain with their class or group during these conversations with licensing staff, and at no time will a child be forced to speak with a licensing coordinator.

If licensing staff believes your child may have specific information regarding an alleged event at the program, and determines that it is best to interview your child separately and not with their class or group, **please indicate your preference among the following options:**

- I give permission for child care licensing staff to interview my child at the child care program separate from his or her class or group
- I wish to be notified prior to child care licensing staff interviewing my child at the child care program separate from his or her class or group
- I do not give my permission for child care licensing staff to interview my child at the child care program separate from his or her class or group

Parent/Legal Guardian Signature: _____ Date: _____