

Winnetka Public School Nursery – Emergency Information

Child's Name:

Mother/Guardian Name:

Father/Guardian Name:

Address:

Mother/Guardian Home Phone: _____

Mother Cell Phone: _____

Mother Work Phone: _____

Father/Guardian Home Phone: _____

Father Cell Phone: _____

Father Work Phone: _____

Name of Caregiver:

IF PARENTS CANNOT BE REACHED, NAMES OF ADULTS WHO MAY ASSUME
RESPONSIBILITY FOR CHILD IN CASE OF EMERGENCY: (minimum of 2)

Name:
Address:
Phone Number:

Name:
Address:
Phone Number:

Child's Physician Information

Name:
Address:
Phone Number:

PLEASE LIST ANY ALLERGIES OR HEALTH CONDITIONS YOUR CHILD HAS:

Turn Page Over

STATEMENT AND ACCEPTANCE OF SCHOOL POLICY REGARDING MEDICAL TREATMENT:

In the event a child is injured or becomes ill at school, a staff member will administer first aid. A staff member will then attempt to reach the parents. If the parents cannot be reached, the school will then try to contact the adults listed on the emergency card. If the injury or illness is serious and either the parents or the adults listed on the emergency card cannot be reached, the Winnetka Fire Department paramedics will be called immediately. If transportation to a hospital is needed for my child in case of illness or injury, I give permission for my child to be transported by the paramedics of the Winnetka Fire Department to Evanston Hospital.

PARENTS SIGNATURE:

DATE:

Primary list of persons, in addition to parents, to whom child will regularly be released from school:

Name:
Address:
Phone:

Name:
Address:
Phone:

List of WPSN parents to whom child may be released from school for play dates or at parental request (names only):

In accordance with NAEYC accreditation criteria, we request that every family either provide a copy of your health insurance card or sign this statement that you decline to provide proof at this time.

I decline to provide proof: _____

Parent Signature