



**Northbrook Community Nursery School
Emergency Form**

Child:

Last Name	First Name	Initial	Date of Birth	Sex
-----------	------------	---------	---------------	-----

Days Enrolled	Hours of Care
---------------	---------------

Parents or Guardian:

Father's Last Name	First Name	Initial	Work Hours	Marital Status
--------------------	------------	---------	------------	----------------

Father's Home Address	Home Phone	Cell Phone
-----------------------	------------	------------

Father's Work Address	Work Phone	Pager or Other #
-----------------------	------------	------------------

Mother's Last Name	First Name	Initial	Work Hours	Marital Status
--------------------	------------	---------	------------	----------------

Mother's Home Address	Home Phone	Cell Phone
-----------------------	------------	------------

Mother's Work Address	Work Phone	Pager or Other #
-----------------------	------------	------------------

Physicians:

Name	Address	Phone
------	---------	-------

Medical Emergencies and Accidents:

In the case of any medical emergency, the School will promptly call 911, then attempt to contact the child's parent or guardian. The School will arrange for emergency care through the Northbrook paramedics, at the parent's expense, and for the child to be taken to a hospital, if determined necessary.

In a case of minor injury, School personnel may give first aid to the child. Parents will be notified of major and minor accidents that happen to a child at the School and all accidents will be appropriately documented for the School's records.

Parent/Guardian Signature	Date
---------------------------	------

**** **Please Turn Page Over and Complete Other Side** ****

Medical Information:

Enter any Medical or developmental information that is critical to the child's well being: allergies, diet restrictions, etc.

Adults authorized to pick up my child on a regular basis:

_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone

Additional adults authorized to pick up my child on occasion or in the event of an emergency:

_____ Name	_____ Address	_____ Phone
_____ Name	_____ Address	_____ Phone

Health Insurance Information

1) Is your child(ren) enrolled at NCNS covered by health insurance for treatment in an emergency?

Yes No

2) Names of individuals authorized to have access to health information about the child(ren) enrolled at NCNS

3) Name of health insurance company

For Office Use Only

Date Admitted

Date Discharged