

EMERGENCY HOME CONTACT

Date _____ Class _____

Last Name _____ First Name _____

Sex: F M Student ID _____ Date of Birth _____

1st Parent/Guardian: _____ Home Phone: _____

Relationship to child: _____ Work Phone: _____

Home Address: _____ Email: _____

Other phone where Guardian can be reached: _____

2nd Parent/Guardian: _____ Home Phone: _____

Relationship to child: _____ Work Phone: _____

Home Address: _____ Email: _____

Other phone where Guardian can be reached: _____

If Open House cannot reach either parent, name a friend or relative who may be called upon if the child is sick in school?

Name: _____ Address: _____ Phone: _____

Doctor: _____ Address: _____ Phone: _____

If none of the above can be reached by phone, **what do you wish Open House to do** in case the child is sick or injured?

(It is understood that in the final disposition of an emergency case, the judgment of the school authorities will prevail. The recommendation of the parent as indicated above will be respected as far as possible.)

Relevant items from Health Record
(If activity is restricted.) _____

Please see reverse side for Medical Release.

MEDICAL RELEASE

Child: _____

We, the undersigned, hereby authorize Open House Nursery School, its teachers or staff, in the event of accident or injury to my child requiring the need for medical attention or treatment, authorize a doctor, nurse, or hospital staff to treat my child for said injury or accident. This is providing that the teachers or staff of Open House are first unable to reach my telephone both of the child's parents to ask permission for said treatment. Also providing it is in the best judgement of both the staff of Open House and the doctor or medical staff in attendance that prompt medical treatment should be administered.

Further, we, the undersigned, in case of accident or injury to my child, so long as it can be shown with reasonable certainty that said accident or injury did not occur as a result of a willful or negligent act on the part of Open House or its teachers or staff, hereby hold Open House, its teachers or staff, harmless and release all claims against Open House.

If at any time the information on the reverse side must be changed, I will notify the Director in writing.

Signature of Parent /Guardian: _____ Date: _____

Signature of second Parent/Guardian: _____ Date: _____