

SSC EMERGENCY CARD

*****All information is needed. Form will be returned to you if any line is left open.**

CHILD'S NAME _____

BIRTHDATE _____

PARENTS NAME

TELEPHONE

1. _____

Home _____

Work _____

Cell _____

2. _____

Home _____

Work _____

Cell _____

EMERGENCY CONTACTS (2 are required by state licensing)

1. _____

Phone _____

Address _____

2. _____

Phone _____

Address _____

PHYSICIAN _____

Phone _____

Address _____

DENTIST _____

Phone _____

Address _____

ALLERGIES _____

MEDICATIONS _____ **Last DPT** _____

PEOPLE AUTHORIZED TO PROVIDE TRANSPORTATION TO AND FROM SCHOOL

Name _____ Phone _____

Name _____ Phone _____

Name _____ Phone _____

ANYONE WHO LEGALLY IS NOT ALLOWED TO PICK UP YOUR CHILD

Name _____ Relationship _____

1. I give Son-Shine Corner permission to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of the school. In case of a medical emergency, I understand that my child will be transported to Methodist Hospital or nearest facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad) deems it necessary. The child will be transported at the expense of the parent.
2. It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parents, child's physician and/or other adult acting on the parent's behalf.

OTHER AUTHORIZATIONS: I give my permission to SSC to:

1. take my child on supervised neighborhood walking trips.
2. take photographs and videos of my child on special days and use them for publicity reasons for the school. Names will not be included in the advertisement.

PARENT SIGNATURE _____ **DATE** _____