

**EMERGENCY INFORMATION CARD 2015/2016**

**Child's Name:** \_\_\_\_\_ **Nickname:** \_\_\_\_\_ **DOB:** \_\_\_/\_\_\_/\_\_\_

**Address:** \_\_\_\_\_

**Home Phone:**(\_\_\_\_\_) \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:**(\_\_\_\_\_) \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Parent/Guardian Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:**(\_\_\_\_\_) \_\_\_\_\_

**Employer:** \_\_\_\_\_

**Work Phone:**(\_\_\_\_\_) \_\_\_\_\_ **Work Hours:** \_\_\_\_\_

**Emergency Contact Name:** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_ **Phone:**(\_\_\_\_\_) \_\_\_\_\_

**Child's Arrival Time:** \_\_\_\_\_ **Child's Pick Up Time:** \_\_\_\_\_

**People Authorized to Pick Up Child:** \_\_\_\_\_

*\*Child will be released only to these people with other parent/guardian written permission*

**Allergies:** \_\_\_\_\_

**Special Notes:** \_\_\_\_\_

**Child's Physician:** \_\_\_\_\_ **Phone:**(\_\_\_\_\_) \_\_\_\_\_

**Address:** \_\_\_\_\_

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_

**Release and Emergency Medical Authorization**

The undersigned, for themselves and/or their children as named above, hereby release and discharge the Town of Cornwall and the Cornwall Child Center, Inc., from any and all liability for loss or damage to property of, or bodily injury or death, to the undersigned arising from or related to the undersigned's participation in the After School Enrichment Program for the year 2015-2016, administered by the Cornwall Child Center, Inc., and hosted on the Town of Cornwall's, Cornwall Consolidated School property. By signing this release, you waive any claim or cause of action against any officers, employees, or agents for any such loss, damage, bodily injury, or death.

If the undersigned cannot be reached at the numbers noted above, the undersigned gives permission to the physician on call at the nearest medical treatment facility and to the teacher in charge to secure proper medical treatment for and/or to order injection, anesthesia, or surgery, if deemed necessary by the physician. It is the Parent or Guardian's responsibility to update the emergency information above when it changes and for any specific day so a parent or guardian is accessible by phone at all times.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_/\_\_\_/\_\_\_