

The Acorn-A School for Young Children: Emergency Card Information

Child Last Name		Child First Name		DOB	Gender
Child's Address, City ZIP					
Parent 1 Name (primary contact)			Primary Phone #		Secondary Phone #
Parent 1 Employer		Business Address			Parent 1 Business #
Parent 2 Name			Primary Phone #		Secondary Phone #
Parent 2 Home Address (if different than child's) *Include City Zip					
Parent 2 Employer		Business Address			Parent 2 Business #
Physician Name			Physician Address, City Zip		
Physician Phone #			Hospital Preferred for Emergency Treatment		
Health Insurance Co.			Group/Subscriber #		
Allergies					
Other special medical issues					
Current Medications			Specific instructions as needed		
Persons other than parents to be Notified in Case of Emergency when parents cannot be reached (at least one required with complete address; may be out of town). Yes/No if child may be released to person from school.					
Yes/No	Name	Relationship	Address, City Zip	Primary #	Alt. #
Persons other than Parents (carpools, nannies, other programs, etc.) to whom child may be released from school.					
Name		Relationship		Primary Phone #	

I HEREBY GIVE PERMISSION TO THE ACORN – A SCHOOL FOR YOUNG CHILDREN (THE ACORN) TO SECURE EMERGENCY MEDICAL TREATMENT FOR MY CHILD WHILE IN THEIR CARE. I AGREE THAT I WILL HOLD HARMLESS THE ACORN AND ITS OWNERS, EMPLOYEES, AGENTS, AND VOLUNTEERS FROM ANY LIABILITY (INCLUDING LIABILITY UNDER ANY THEORY OF NEGLIGENCE) FOR SECURING OR ATTEMPTING TO SECURE SUCH EMERGENCY TREATMENT.

Parent Signature X	Date
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