

EMERGENCY CONTACT AND MEDICAL INFORMATION

Child's Name

Date of Birth M F Sex

Parent/Guardian's Name

Parent/Guardian's Name

() Home/Cell Phone () Work Phone

() Home/Cell Phone () Work Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

ALTERNATE EMERGENCY CONTACTS

Primary Emergency Contact

Secondary Emergency Contact

() Home/Cell Phone () Work Phone

() Home/Cell Phone () Work Phone

Address

Address

City, State, Zip Code

City, State, Zip Code

MEDICAL INFORMATION

Physician

Preferred Hospital

Preferred Dentist

() Phone Number

() Phone Number

() Phone Number

Insurance Company

Policy Number

Allergies/Special Health Conditions

EMERGENCY TREATMENT AND EXTRACURRICULAR ACTIVITY AUTHORIZATION

I hereby give permission to Renaissance Classical Christian Academy licensed by the Division of Child Development to secure emergency medical, dental, and/or emergency surgical treatment and to provide emergency transportation for my child. I authorize all medical and surgical treatment, laboratory, and other medical and/or hospital procedures, as may be performed or prescribed by the attending physician and/or paramedics for my child and waive my right to informed consent of treatment. This waiver only applies in the event that neither parent/guardian can be reached and in the case of an emergency.

I give permission for my child to participate in developmentally appropriate supervised activities outside of the fenced playground. I also give permission for my child to go on field trips. I release Renaissance Classical Christian Academy and individuals from liability in case of an accident related to these activities, as long as normal safety procedures have been implemented.

I have received and reviewed a copy of the Division of Child Development and Early Education's Summary of the North Carolina Child Care Laws and Rules.

Parent/Guardian's Signature

Date

Witness' Signature

Date