



## Cranbury Presbyterian Nursery School Emergency Information Card

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Home Phone: \_\_\_\_\_

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

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Business Phone: \_\_\_\_\_ Business Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY PHONE NUMBERS** In case of an emergency, if parents are unable to pick up their child. We give permission to the following people: (Be sure to include someone who is **local** and will usually know your whereabouts.)

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

**PLEASE NOTE:** Under no circumstances will your child be released to anyone not known to the school without authorization from you.

## Emergency Medical Treatment Form

I hereby grant permission to the Cranbury Presbyterian Nursery School to obtain medical and or dental care for my child \_\_\_\_\_ in the event he/she becomes ill or injured while at school or on a class trip. In the event of a serious illness/injury, CPNS staff will contact 911 or the nearest emergency care for transportation to the nearest medical facility necessary for the injury and chosen by the emergency responders. Staff will then contact the child's parents and physician. Should the parent not be available, the person(s) named on the emergency information card will be called.

Child's Physician's Name: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

Child's Dentist's Name: \_\_\_\_\_ Dentist Phone number: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date: \_\_\_\_\_

