

Upper Dublin Christian Nursery School

Child Emergency Contact Information and Consent Form 2024/2025 School Year

Please Print Clearly and complete ALL information.

Child's Name: _____ Birthdate: _____

Address/City/State/Zip: _____

Parent/Guardian #1: _____

Cell Phone: _____ EMAIL Address: _____

Parent/Guardian #2: _____

Cell Phone: _____ EMAIL Address: _____

Emergency Contact Name and other persons I give permission for my child to be released to *other than Parent/Guardian*:

1. Name/Relation to child: _____ Cell Number: _____

Address/City/State/Zip: _____

2. Name/Relation to child: _____ Cell Number: _____

Address/City/State/Zip: _____

3. Name/Relation to child: _____ Cell Number: _____

Address/City/State/Zip: _____

Child's Physician's Name: _____ Phone: _____

Address/City/State/Zip: _____

Child's Health Insurance-Name of Insurance Plan and ID #: _____

Allergies, Special Dietary or Medical Conditions: _____

Does your child receive any services from the MCIU or private therapies? YES NO

If yes, please provide details: _____

I acknowledge that I have read and accept the policies stated in the UDCNS Parent Handbook (located on our website): YES

MEDIA/PHOTO PERMISSIONS: I GIVE PERMISSION FOR MY CHILD'S PICTURE TO APPEAR IN ALL MARKETING MATERIALS and

SOCIAL MEDIA RELATED TO UPPER DUBLIN CHRISTIAN NURSERY SCHOOL: YES NO

Parent/Legal Guardian Consent and Agreement for Emergencies:

As parent/guardian, I give consent to have my child receive minor first aid procedures by facility staff, and, if necessary, to receive emergency medical care and be transported to an emergency facility. I understand that I will be responsible for all charges not covered by insurance. I agree to review and update this information whenever a change occurs and at least once a year.

Beginning of Year Parent/Guardian Signature: _____ Date: _____

Mid-Year Review Parent/Guardian Signature: _____ Date: _____