

Enrollment date: _____

Riverfront Children's Center - Emergency Information Form

Child _____ Date of Birth _____
Sibling's _____
Child's Address _____ Town _____ Home Phone _____
Parent(s)/Guardian(s) _____
Insurance Carrier _____ Husky: Yes or No? ___ Policy # _____
Hospital of Choice _____
Physician _____ Phone # _____
Physician's Address _____ Town _____
Dentist Name _____ Phone # _____
Known Allergies/Medical Problems _____

Mother/Guardian #1 Military Yes No
Name _____ Home Address _____ Town _____
Home Phone _____ Employer _____
Work Phone _____ Employer Address _____
Cell Phone _____ E-Mail Address _____

Father/Guardian #2 Military Yes No
Name _____ Home Address _____ Town _____
Home Phone _____ Employer _____
Work Phone _____ Employer Address _____
Cell Phone _____ E-Mail Address _____

Emergency Contacts and Pick-ups (if parent/guardian not available):

(Persons with an asterisk (*) may also pick up child.)

_ Name _____ Work Phone _____ Home Phone _____
Relationship _____ Cell Phone _____
_ Name _____ Work Phone _____ Home Phone _____
Relationship _____ Cell Phone _____
_ Name _____ Work Phone _____ Home Phone _____
Relationship _____ Cell Phone _____
_ Name _____ Work Phone _____ Home Phone _____
Relationship _____ Cell Phone _____
_ Name _____ Work Phone _____ Home Phone _____
Relationship _____ Cell Phone _____

******Any persons NOT authorized for Pick-Up: A copy of the court order limiting access to and/or confirming unauthorized pick-up of your child by the person(s) listed directly below MUST be on file.**

Name _____ Relationship _____
Brief Description _____
Name _____ Relationship _____
Brief Description _____

Parent Signature _____ Date: _____

Parent Signature _____ Date: _____

Authorization For Activities Off of School Grounds

I hereby consent to have my child participate in activities and/or field trips supervised by the Riverfront staff to nearby points of interest off of school grounds, including but not limited to the Riverfront Children’s Center garden, wood chip picnic area near the garden and local neighborhood areas (library, Fort Griswold, boat launch etc). I understand that these activities are used on an educational basis and may or may not always be planned for in advance on lesson plans posted in the classroom. I understand that these spaces are not licensed, however Riverfront staff will always be in ratio and present. They will take all required items for a field trip with them, for example first aide kit, cell phone, emergency book etc. I understand that if transportation is needed to and/or from these activities, it will be in Riverfront Children Center’s vehicles or a designated school bus.

Parent Signature _____ Date _____

Parent Signature _____ Date _____

Authorization of Consent to Medical Treatment of a Minor

I/We _____ of _____
parent(s)/guardian(s) address

do hereby state that I am (we are) the natural parent(s) and/or legal guardian(s) having legal custody of _____, a minor born on _____
child date of birth

who resides with me(us) at _____.
address including town

I hereby authorize Riverfront Children’s Center personnel to call an ambulance (at my expense) in event of accident or acute illness, and to arrange for necessary X-ray, examinations, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the above-named minor child on the advice of any emergency medical personnel, physician or surgeon licensed to practice in the state of Connecticut when the need for such treatment is immediate, and when efforts to contact me (us) are unsuccessful. It is understood that conscientious effort will be made to notify me (us) before such action is taken. I hereby absolve the Riverfront Children’s Center of any and all liability claims, courses of action, or expenses, including any attorney fees and any and all medical expenses.

Parent/Guardian Signature(s) _____

Date _____

This form must have two signatures. If the child is in the custody of only one parent/guardian, please indicate.