



Check here  if any of the information has changed. Please enter the correct information in corresponding field (s).

**STUDENT EMERGENCY INFORMATION RECORD For School Year \_\_\_\_\_**

CHILD AND FAMILY DETAILED INFORMATION	
Child's Complete Name	Sex / Date of Birth / Current Age
Child's Full Home Address	Today's Date
Date of Admission	Class Placement – Circle one - Infant Toddler Early Preschool Preschool Pre-K Advanced Pre-K Kinder
Parent or Guardian Complete Name / Relationship	Full Address
Parent or Guardian Phone Number(s) List all telephone numbers where parent/guardian may be reached while child is at school	Parent or Guardian Email(s) School preferred method of communication.
Parent or Guardian Complete Name / Relationship	Full Address
Parent or Guardian Phone Number(s) List all telephone numbers where parent/guardian may be reached while child is at school	Parent or Guardian Email(s) School preferred method of communication.

CHILD PREFERRED SOURCES OF MEDICAL CARE & AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
<i>Both the physician's name and preferred medical facility must be specified below. Parents are responsible for all emergency transportation charges.</i>		
Physician's Name	Address	Phone
Preferred Hospital / Clinic	Address	Phone
<p>In the event I cannot be reached to make arrangements for emergency medical care at the time of illness or accident, I hereby authorize an employee of YPW Spanish Immersion Preschool to take my child to the above physician, hospital or clinic, and I give my consent for necessary emergency care when my child is in the care of this physician and/or hospital/clinic. I agree to pay all expenses incurred in connection with such emergency medical treatment. I understand that in case of emergency, YPW will use its best efforts to immediately notify me or if I am unavailable, one of the persons listed in the Emergency Contact section.</p>		
Parent/Guardian Signature		Date
_____		_____

CHILD'S HEALTH INSURANCE	
Insurance Plan	ID #
Subscriber's Name (on insurance card):	
_____	

Child's Complete Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

**ALLERGIES AND OTHER SPECIAL HEALTH CIRCUMSTANCES**

*To better accommodate any special needs of your child, we will require a written authorization for need and care from the parent or guardian and/or the child's physician. The parent or guardian is responsible for providing any equipment and/or training that staff personnel may require in relation to special needs and care of that child. In some instances, which will be determined on a case by case basis, a personal meeting with the child's physician and parent or guardian may be required.*

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term continuous use, and any other information which staff should be aware of:

No Known Allergies       Drug/Food/Environmental/etc. Allergies (Please specify below):

\_\_\_\_\_

\_\_\_\_\_

Any additional medical information, such as chronic illness, asthma, diabetes, etc.:

\_\_\_\_\_

\_\_\_\_\_

List of daily medications:

\_\_\_\_\_

\_\_\_\_\_

Special Instructions:

\_\_\_\_\_

\_\_\_\_\_

**EMERGENCY CONTACT LIST** IN ORDER OF PRIORITY

Give the full name, and contact info of people to call in case of an emergency if parents / guardian cannot be reached.

**Please note you must provide 2 complete contacts.**

*I hereby authorize YPW Spanish Immersion School to allow my child to leave the school with the following persons listed in the Emergency Contact List section.*

Parent/Guardian Signature

Date

\_\_\_\_\_

Complete Name / Relationship	Full Home Address	Phone Number(s)
------------------------------	-------------------	-----------------

Complete Name / Relationship	Full Home Address	Phone Number(s)
------------------------------	-------------------	-----------------

Complete Name / Relationship	Full Home Address	Phone Number(s)
------------------------------	-------------------	-----------------

**\*\*\* I HAVE REVIEWED ALL CONTENT OF THIS FORM AND FOUND ALL THE INFORMATION CORRECT AND CURRENT \*\*\***

Parent/Guardian Signature

Date

\_\_\_\_\_