

Start Date: \_\_\_\_\_ Finish Date: \_\_\_\_\_

# Sundance Playschool Emergency Information Sheet

Name of Child: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Sex: Male Female

Medical Plan: \_\_\_\_\_ Medical Plan #: \_\_\_\_\_

Name of Parents: \_\_\_\_\_

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

Where are you from? \_\_\_\_\_

Local Residence: \_\_\_\_\_ Local Phone #: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
(Next of kin someone other than parents, family/friends not in Sun Peaks)

Emergency Contact Numbers: \_\_\_\_\_

Toilet Needs: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Allergies: \_\_\_\_\_

Dietary Restrictions: \_\_\_\_\_

Immunizations and Photographs included: \_\_\_\_\_

Any other Medical Conditions: \_\_\_\_\_

Names of Persons Authorized to pick up My Child (with photo ID ONLY)

\_\_\_\_\_  
\_\_\_\_\_

I understand that my child may be taken on off-site outings while attending Sundance Playschool.

I authorize the staff at Sundance Playschool to call a physician, take my child to the nearest emergency center, or summon an ambulance for emergency medical aid, should the attendant feel such services are required and I cannot be contacted by phone. If such an emergency should arise, I will be contacted as soon as possible. I agree to any costs incurred shall be the sole responsibility of myself.

\_\_\_\_\_  
(Please print name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature)