

**PLEASE COMPLETE BOTH SECTIONS OF CCNS EMERGENCY CARD**

Child's Name \_\_\_\_\_ Class \_\_\_\_\_ Date of Birth \_\_\_\_\_

Family Address \_\_\_\_\_ Home Phone \_\_\_\_\_

1.Parent/Guardian Cell Phone \_\_\_\_\_ 2.Parent/Guardian Cell Phone \_\_\_\_\_

1.Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Place of Employment \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

2.Parent/Guardian Name \_\_\_\_\_ Parent/Guardian Place of Employment \_\_\_\_\_ Parent/Guardian Work Phone \_\_\_\_\_

People to be called in an emergency; if you cannot be reached (The two Contacts MUST be local):

1) Name \_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

2) Name \_\_\_\_\_ Address \_\_\_\_\_ Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's Dentist \_\_\_\_\_ Phone \_\_\_\_\_

Any known or suspected allergies or medical conditions? \_\_\_\_\_ If yes, list type \_\_\_\_\_

**Signatures required below**

**WAIVER OF RESPONSIBILITY**

I hereby consent to have my child participate in supervised walks away from the school when approved by the Educational Director.

I authorize CCNS to contact my child's physician if I cannot be reached. If he/she cannot be reached, the school may make whatever arrangements are deemed appropriate. I understand my child would be taken to the nearest hospital in an emergency.

I authorize the teacher to call an emergency ambulance in case of accident or acute illness and to allow for possible emergency medical care for my child in case I am not immediately available, and I will hold the school harmless for any treatment rendered.

Date \_\_\_\_\_ 1.Parent/Guardian Signature \_\_\_\_\_ 2.Parent/Guardian Signature \_\_\_\_\_