



## Emergency Contact/Medical Form

Full Name of Child \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_

Address \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

Mother or Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Father or Guardian \_\_\_\_\_ Home Address \_\_\_\_\_

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Employment \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

People Authorized to pick up your child – ID required.

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

People to call in case of EMERGENCY (must list two additional people other than parent/guardian)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_ Cell Phone No \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Day Time Phone No. \_\_\_\_\_ Cell Phone No \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone No. \_\_\_\_\_

Emergency Hospital Preference \_\_\_\_\_ Phone No. \_\_\_\_\_

Dentist \_\_\_\_\_ Phone No. \_\_\_\_\_

Name of child \_\_\_\_\_

In the event the child named above is injured or ill, I understand that the caregiver will attempt to contact me, the other parent (if applicable) or the legal guardian, at the telephone number's provided below:

Parent or legal guardian's name \_\_\_\_\_

Preferred Telephone Numbers \_\_\_\_\_

Parent or legal guardian's name \_\_\_\_\_

Preferred Telephone Numbers \_\_\_\_\_

In the event that I, or the other persons listed on the Emergency Blue Card assigned by me are not available, I give my permission (as parent or legal guardian) to the caregivers to provide first aid for the child named above. I also give permission to take the appropriate measures including contacting the emergency medical services (EMS) to arrange transportation to:

\_\_\_\_\_

or the nearest emergency medical facility. At no time will the caregiver drive an ill or injured child to an emergency medical facility.

\_\_\_\_\_

Parent or legal guardian's signature.

\_\_\_\_\_

Date

\*\*\*\*\*IMPORTANT PARENT INFORMATION\*\*\*\*\*

If custody is established through Family Court, all papers regarding visitation and primary physical Custody must be on file with Barnyard Academy before the first day of school. Any changes in the original papers submitted must be updated immediately.

Custody/Visiting arrangements (if applicable)

\_\_\_\_\_

\_\_\_\_\_

HEALTH HISTORY

Child's Name \_\_\_\_\_ Date \_\_\_\_\_

Does your child have a history of:

High fevers \_\_\_\_\_ Ear infections \_\_\_\_\_ - \_\_\_\_\_ Colds \_\_\_\_\_

Is your child on any medication on a daily basis? \_\_\_\_\_ If yes, what \_\_\_\_\_

\_\_\_\_\_

Has your child ever been hospitalized? \_\_\_\_\_ If yes, for what? \_\_\_\_\_

\_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_

\_\_\_\_\_

Has your child ever been exposed to peanut products? Yes \_\_\_\_\_ No \_\_\_\_\_

List reactions. \_\_\_\_\_

Does your child have any allergies? Yes \_\_\_\_\_ No \_\_\_\_\_ Unknown \_\_\_\_\_

List all known allergies \_\_\_\_\_

Signs of reaction: Asthma \_\_\_\_\_ Difficulty Breathing \_\_\_\_\_ Swelling \_\_\_\_\_

Hay Fever \_\_\_\_\_ Hives \_\_\_\_\_ Other \_\_\_\_\_

Please provide a statement of your child's overall health \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Immunizations – Children enrolling in Barnyard Academy are required to be up to date on vaccinations at the time of enrollment. Proof of immunization, or exemption, must be on file prior to the first day of school.

Please note – Barnyard Academy is located on a working farm with animals that include dogs, cats, horses, goats and birds. While we are committed to keeping the indoor learning spaces as clean as possible, if your child is afflicted by severe animal allergies we cannot predict or guarantee that they will not suffer symptoms. And in the event of life threatening animal allergies, our preschool is not safe option.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent/Guardian Signature

Date