

Emergency Information

Child's Full Name _____

Date of Birth ____/____/____. Male () Female ()

Child Lives With: Parent 1 () Parent 2 ()

- () American Indian/Alaskan Native
- () Asian or Pacific Islander
- () Black (Not of Hispanic Origin)
- () Hispanic
- () White (Not of Hispanic Origin)
- () Multi-Racial

Parent 1 or Guardian

Parent 2 or Guardian

	Parent 1 or Guardian	Parent 2 or Guardian
Name		
Address		
City/State/Zip		
Home Phone		
Employer		
Occupation		
Work Address		
City/State/Zip		
Work Phone		
Cell#/Beeper		
Email		
Days/Hours Employment		

Allergies/Special Needs _____

(Continued on Back)

Alternate Contacts

Only the alternate contacts listed below (other than parents and guardians) are allowed to pick up my child at the school. In the event of an emergency, these people can be called if parents are not available.

Name	Street Address City, State, Zip	Home #	Work #	Relationship
------	---------------------------------	--------	--------	--------------

***The parents of the child represented on this form opt out of listing any alternate contacts.**

(Parent Initials) _____

Emergency Medical Release

Should my child become ill during the time he/she is in the care of The Clifton School or suffer any injury, The Clifton School shall undertake to contact me immediately. In the event the school is unable to reach me immediately, it shall be authorized to secure such medical attention and care for my child as may be determined necessary (the parent shall assume responsibility for payment). I agree to keep the school informed as to changes in telephone numbers where I may be reached.

The Undersigned gives permission for The Clifton Scholl to carry out the following procedures in the event of the need for emergency medical care.

1. The teacher will notify the designated person in charge of the school. This individual will carry out any needed triage activities and will coordinate and oversee all related activities.
2. In the case of a life threatening emergency the person in charge will call 911 for emergency transportation to Children's Healthcare of Atlanta.
3. For all other emergencies the person in charge will obtain emergency transportation, ask the primary teacher or an individual of equivalent ability to take the child and his/her medical history on file at the center to the acute treatment area at Children's Healthcare of Atlanta.
4. The person in charge will then call the hospital acute treatment area to inform them that the child is arriving.
5. The person in charge will also contact the sponsoring parent(s) to ensure that the parent(s) are informed of the actions being taken.
6. The sponsoring parent informs the family pediatrician, in the event that the pediatrician wants to meet the child at the hospital.

Child's Pediatrician _____

Phone # _____

Parent Signature _____ Date _____