



## **EMERGENCY FORM**

If, in the case of an emergency and the parent or both parents cannot be reached by phone, we will contact the child's doctor of record. Also, this form will give us permission to contact by phone the persons you have listed who have the authority to pick-up your child in case of illness or emergency if you cannot be reached. In the case of an emergency, we will not release a child to anyone who is not named on this form.

*In case of medical emergency and I cannot be reached, the teachers of HTGOP have my permission to take my child \_\_\_\_\_ to the nearest medical facility for emergency medical attention or call 911 for the appropriate instructions for help.*

**Parent's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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

Address: \_\_\_\_\_

Hospital Preference: \_\_\_\_\_

Insurance: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Mother's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

Father's Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Work: \_\_\_\_\_

**Persons to be notified in case of emergency if parents cannot be reached and authorized to pick up your child:**

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

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

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

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

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

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