Cary Park District Preschool 2010/2011 School Year- Emergency Card

A participant will not be allowed into preschool without a completed Emergency Card on file with Preschool staff.

Please circle one:

3 year old: M/W/F T/TH **Junior 4's:** T/TH **4 year old:** M/W/F – AM M/W/F - PM **Junior 5's:** M-Th

Child's Name_____ (M / F) Circle Birth Date_____

Address_____

Home Phone_____ Siblings also participating in preschool _____

Mother or Legal Guardian's Name_____ Cell Number_____

Employer_____ Phone Number_____

Father or Legal Guardian's Name _____ Cell Number_____

Employer_____ Phone Number_____

May we contact either parent/guardian if a need arises? YES NO If no, please explain_____

Are both parents/guardians listed above authorized for pick-up? YES NO If no, please explain_____

In the event a parent/guardian cannot be reached and a completed 'Release of Preschool Child' form has not been submitted to Preschool staff, I authorize the following individuals to be contacted to pick up my child. One contact must be a Cary resident.

Name	Relationship	Phone Number
1)		
2)		

Medical History: (Preschool staff cannot administer medication.)

Allergies_____ List all medications taken currently_____

Family Physician_____

Name Address Phone Number

Consent For Treatment:

THIS CONSENT WILL BE VALID SEPTEMBER 7, 2010 THROUGH MAY 27, 2011 OR UNTIL RESCINDED IN WRITING BY THE PARENT OR GUARDIAN. IN A MEDICAL EMERGENCY, I GIVE PARENTAL/LEGAL GUARDIAN CONSENT FOR THE CARY PARK DISTRICT TO TAKE MY CHILD TO THE NEAREST HOSPITAL OR MEDICAL CLINIC TO RECEIVE NECESSARY MEDICAL ATTENTION, IF THE CARY PARK DISTRICT IS UNABLE TO CONTACT THE PARENT OR GUARDIAN.

Signature of parent/guardian completing this form _____ Relationship_____