



early childhood education emergency information

Child's name _____ Date of birth (M/D/Y) _____ M F

Address _____ City _____ State _____ ZIP _____

Parent/guardian #1 _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Employer _____ Working hours _____

Employer's address _____ Phone _____

Parent/guardian #2 _____

Phone numbers (H) _____ (W) _____ (C) _____

E-mail address _____

Employer _____ Working hours _____

Employer's address _____ Phone _____

Emergency contacts (other than parent/guardian):

Emergency contact #1 _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

Phone numbers (H) _____ (W) _____ (C) _____

Emergency contact #2 _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

Phone numbers (H) _____ (W) _____ (C) _____

Who will be allowed to pick up your child?

Emergency pick-up #1 _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

Phone numbers (H) _____ (W) _____ (C) _____

Emergency pick-up #2 _____ Relationship _____

Address _____ City _____ State _____ ZIP _____

Phone numbers (H) _____ (W) _____ (C) _____

Physician _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Dentist _____ Phone _____

Address _____ City _____ State _____ ZIP _____

Hospital (1st choice) _____

Hospital (2nd choice) _____

Insurance carrier _____ Policy # _____

Please complete both sides of this application.

Arthur M. Glick JCC

6701 Hoover Road • Indianapolis, IN 46260
Phone: (317) 251-9467 • Fax: (317) 251-9493

Allergies/reactions:

Medications:

Please complete both sides of this application.

PARENT OR GUARDIAN CONSENT FOR EMERGENCY CARE

After the JCC has made every attempt to contact a parent or guardian, I authorize JCC staff to secure first aid and/or the services of any legally qualified physician or hospital and agree to assume all financial obligations connected therewith.

Signature of parent or guardian

Date