EMERGENCY HEALTH FORM
TREE TOWN COOPERATIVE NURSERY SCHOOL

Child'sName_____**Class**_____
Address_____
Home Phone (____)_____
Parent 1 Work Phone (_____)_____**Cell Phone** (_____)_____
Parent 2 Work Phone (_____)_____**Cell Phone** (_____)_____
e-mail _____

I hereby authorize the staff of Tree Town Cooperative Nursery School, who is trained in First Aid and CPR Procedures, to act on my behalf should an emergency situation arise at school when I am not present.

- I authorize emergency First Aid measures to be administered to my child.
- I understand that the staff will activate the Emergency Medical System (EMS) 911 if needed.

Parent / Guardian Signature: _____**Date**_____

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In the event of an emergency if parents / guardians cannot be reached, the Tree Town staff may contact and release my child to the following persons: **(Must be able to reach the school within 15 minutes)**

1. _____(_____)_____
Name **Address** **Phone**
2. _____(_____)_____
Name **Address** **Phone**

Child's physician is Dr._____
_____(_____)_____
Address **Phone**

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CHILD'S HEALTH CONCERNS

Check and describe any of the health problems that pertain to your child.
_____**Allergies**_____
_____**Speech**_____
_____**Vision**_____
_____**Hearing**_____
_____**Special Needs**_____