

# PRESCHOOL PROGRAMS EMERGENCY FORM



JUAN DE FUCA RECREATION CENTRE

Please complete and return to Reception Desk prior to start of program.

Program Name:

Location

Session Dates:

Age

## Personal Information

CHILD'S NAME:

BIRTHDATE:

Name Child Responds to:

SEX

Male or Female

ADDRESS:

Parent/Guardian

Home Phone
Work Phone
Cell Phone

Parent/Guardian

Home Phone
Work Phone
Cell Phone

Child's Medical Doctor

Phone #

Child's Dentist

Phone #

Child's Medical Insurance #

Emergency Contact #1:

Phone #

Emergency Contact #2:

Phone #

## Child Release

Please list ALL the people who are allowed to pick up your child. Children are not allowed to leave with any other person with out **WRITTEN AUTHORIZATION** from a parent or guardian.

#1:

Ph. #

Relationship:

#2:

Ph. #

Relationship:

#3

Ph. #

Relationship:

## Experience

Has your child had previous experience away from home? (Day Care, Preschool, Sunday School, Etc.)

Where:

Dates of Attendance:

See Over

**Health & Special Considerations**

What special consideration should we be aware of, to better meet your child's needs. (Check Appropriate Boxes)

Hearing	<input type="checkbox"/>	Speech	<input type="checkbox"/>	Emotional/Psychological	<input type="checkbox"/>
Visual	<input type="checkbox"/>	Intellectual (Mental)	<input type="checkbox"/>	Multiple Disabilities	<input type="checkbox"/>
Physical	<input type="checkbox"/>	Learning	<input type="checkbox"/>	Seizures	<input type="checkbox"/>
Asthma	<input type="checkbox"/>	ADHD/ADD	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Behavioral Concerns	<input type="checkbox"/>	Medical or Health Conditions/Restrictions	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>
Allergies	<input type="checkbox"/>	No Considerations	<input type="checkbox"/>	Other: _____	<input type="checkbox"/>

Explain further what these considerations are?

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How can our staff better meet your child's needs?

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A Staff Member may contact you for further clarification.

**Discipline**

How do you discipline your child at home? What strategies work best?

Please Explain:

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Are there issues that we should be aware of regarding your child's interaction with staff/other children? YES  NO

Please Explain:

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**EMERGENCIES**

1. It is our policy that we notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact parents and need to get immediate help for the child. In such cases, our procedure is to call Emergency Services (911).
2. Please sign the consent below so that we can take appropriate action on behalf of your child. Return the signed consent to JdF Administration; this consent would go along with your child to the emergency center.

I HEREBY GIVE MY CONSENT FOR A STAFF MEMBER TO CALL A MEDICAL PRACTITIONER OR AMBULANCE FOR MY CHILD IN THE CASE OF ACCIDENT OR ILLNESS IF I CANNOT IMMEDIATELY BE REACHED.

SIGNATURE OF PARENT/GUARDIAN:  DATE:

**PHOTOS**

Sign below if you **CONSENT TO** photos of your child (taken in our programs) to be used in future JdF promotional material.

SIGNATURE OF PARENT/GUARDIAN:  DATE: