ST. PETER'S EARLY CHILDHOOD DEVELOPMENT CENTER

Admission and Emergency Information --- 2020-2021

Child's Name (Last, First, Middle) ____________________

Name Called ____________ Gender ________ Date of Birth___/___/___ Age: As of Sept. 1 ______

Child's Home Address ____________________ City/State ____________ Zip ________

Primary: Phone (_____) ____________ E-mail ____________________

Names of Parents or Legal Guardians ____________________

Mother's Name ____________ Address ____________ City/State ________ Zip________

Mother's Cell Phone (______) __________ Mother's Work Phone (_______) ____________

Father's Name ____________ Address ____________ City/State________ Zip ________

Father's Cell Phone (______) __________ Father's Work Phone (_______) ____________

All are Required Fields – *All blanks must be filled.*

Parent's Medical Insurance Carrier ____________ Group Number____________

Name of Insured ____________ Insurance Co. Phone Number ____________

If parents cannot be reached, please contact:

Name ____________________ Relationship ____________

Address ____________________ Phone ____________

Physician Name ____________________ Phone ____________

Physician Address ____________________ Hospital Preference ____________

Hospital Address ____________________ Hospital Phone ____________

Allergies ____________________ (if *none, please write NONE*)

EpiPen / AUVI-Q Needed: Yes or No (Please circle one)

Special Concerns or Needs: (This includes, but is not limited to, existing illness, previous serious illness & injuries, hospitalizations during the past 12 months, and any medications prescribed for long term use)

(If none, please write NONE) ____________________

Please list below sibling(s), age & school they attend: ____________________

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AUTHORIZATION OF CONSENT TO TREAT A MINOR: I hereby authorize St. Peter's ECDC to give my child Benadryl or take my child to any licensed physician or hospital in a medical emergency if parents and emergency contacts cannot be reached.

____________________ ____________

SIGNATURE OF PARENT OR LEGAL GUARDIAN DATE

Please complete the other side