

Hilltop Children's Center Emergency Contact Information

(please complete both sides)

Child's Name: _____ Birthdate: __ __ / __ __ / __ __

Custodial Parent(s): _____

Allergies: _____

Medical conditions or concerns: _____

Date of last tetanus shot: __ __ / __ __ / __ __ Regular medications: _____

Physician Name / Clinic: _____ Phone: (____) _____

Insurance company: _____ Policy number: _____

PRIMARY CONTACT PERSON (parent/guardian who will be nearby or most reachable in an emergency)

Name: _____ Relationship to child: _____

Home phone: (____) _____ Direct work phone: (____) _____

Cell phone: (____) _____ Other work phone: (____) _____

Pager: (____) _____ Email: _____

Employer / Name of Company: _____

Home address: _____
street city state zip

SECONDARY CONTACT PERSON (other parent/guardian, or person we should call next in an emergency)

Name: _____ Relationship to child: _____

Home phone: (____) _____ Direct work phone: (____) _____

Cell phone: (____) _____ Other work phone: (____) _____

Pager: (____) _____ Email: _____

Employer / Name of Company: _____

Home address: _____
street city state zip

Please complete the information and authorizations on the other side of this form.

OTHER PERSONS AUTHORIZED TO PICK UP CHILD FROM CENTER

please list at least two – we recommend that the first contact person be nearby to Hilltop, for emergency pick-up

LOCAL CONTACT

1. Name: _____ Relationship to child: _____

Home phone: (_____) _____ Direct work phone: (_____) _____

Cell phone: (_____) _____ Pager / other phone: (_____) _____

2. Name: _____ Relationship to child: _____

Home phone: (_____) _____ Direct work phone: (_____) _____

Cell phone: (_____) _____ Pager / other phone: (_____) _____

3. Name: _____ Relationship to child: _____

Home phone: (_____) _____ Direct work phone: (_____) _____

Cell phone: (_____) _____ Pager / other phone: (_____) _____

OUT-OF-STATE CONTACT

In the event of a disaster or severe emergency, families will be instructed to call the out-of-state contact for Hilltop. Under certain circumstances, Hilltop may find a need to call the out-of-state contact you provide below, however this is the exception, not the rule, during a natural disaster.

Name: _____ Relationship to child: _____

Home phone: (_____) _____ Direct work phone: (_____) _____

Cell phone: (_____) _____ City: _____ State: _____

CONSENT TO MEDICAL CARE AND TREATMENT (please sign and date below)

I understand that my child will not be released to persons other than parents and those “authorized” persons listed above. I agree to inform Hilltop immediately, in writing, of any changes to the information listed here.

In the case of a disaster (earthquake, severe weather, etc.) that prevents me from reaching Hilltop, I authorize Hilltop staff to release my child to a known adult (a teacher, or the parent of another child) until I’m able to come meet them.

I hereby give permission that my child, _____, may be given emergency treatment, to include first aid and CPR by a qualified Hilltop staff member. I further authorize and consent to medical, surgical, and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed necessary or advisable by the physician to safeguard my child’s health and I cannot be contacted. I waive my right to informed consent of such treatment. I also give permission for my child to be transported by staff member, ambulance or aid car to an emergency center for treatment.

I hereby certify under penalty of perjury under the laws of the State of Washington that the information on this form is true and correct.

Signature: _____ Date: _____

Printed Name: _____