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| DARTMOUTH COLLEGECHI LD CARE CENTER | **DCCCC Emergency Medical Care Permission** |
|  |
| Child’s Name: |  |   |  | D.O.B.: |   |
| Date of DCCCC Enrollment: |  |   |  |  |  |
|  |  |  |  |  |  |
| Parent/Guardian Name: |   |  |   |
| Home Address: |   |  |   |
| Email: |   |  |   |
| Employer: |   |  |   |
| D.C. Dept. (if applicable): |   |  |   |

Please list all phone numbers where you can be contacted in case of illness. **List them in the order in which they should be contacted and whether a call or text is preferred.**

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| --- | --- | --- | --- |
| Phone Number Order | Phone Number | Text or Call | Parent/Guardian Associated with This Number and Notes  |
| 1st Number to Use |   |   |   |
| 2nd Number to Use |   |   |   |
| 3rd Number to Use |   |   |   |

|  |  |  |  |  |  |  |
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| In case my child is sick and needs to be taken home, I prefer to be reached by (please rank the following): | Phone Call: |   | Text: |   | Email: |   |

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| Allergies: |   |  | Reaction: |   |
| Health Concerns: |   |
| Medications Used Routinely: |   |
| Doctor’s Name: |   |  | Phone: |   |
| Health Insurance Company: |   |  | Insured’s Name: |   |
| Group Number: NynNuNumNuNumNumber: |   |  | Identification Number: |   |

If I/we cannot be located, the following people are authorized to assume temporary care of my child:

**NOTE: At least one person listed MUST have a local address.**

|  |  |  |  |
| --- | --- | --- | --- |
| Name: |   |  |   |
| Relationship to Child: |   |  |   |
| Primary Phone: |   |  |  |   |  |
| Alternate Phone: |   |  |  |   |  |

**I/we authorize DCCCC staff to:** 1. Administer simple first aid when necessary

2. Obtain emergency medical care and transportation

3. Contact my child’s physician (above).

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| --- | --- | --- | --- | --- | --- | --- |
| Signature of Parent/Guardian: |  |  |  | Date: |  |   |
| Signature of Parent/Guardian: |  |  |  | Date: |  |   |
|  |  |  |  |  |  |  |

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| **FOR OFFICE USE ONLY -** Parent/Guardian must review this information annually, make necessary changes, and initial and date below to verify that the information is current.  |
| Initials: |  |  |  | Date: |  |  |  | Initials: |  |  |  | Date: |  |  |  |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Initials: |  |  |  | Date: |  |  |  | Initials: |  |  |  | Date: |  |  |  |
|  |