NURTURE WITH CARE
KIDS ACADEMY
Guiding Tiny Steps into A Bright Future

Email: info@nurturewithcarekidsacademy.com
Phone: (360) 682-8920
1162 SW Fort Nugent Ave, Oak Harbor, WA 98277

EMERGENCY CONSENT & DISASTER RELEASE FORM

CHILD INFORMATION

Child's Last Name: _____ First Name: _____

Address: _____

PARENT/GUARDIAN CONTACT INFORMATION

Mother's/Guardian's Name: _____ Phone: _____

Parent/Guardian Email: _____

Father's/Guardian's Name: _____ Phone: _____

Parent/Guardian Email: _____

EMERGENCY RELEASE AUTHORIZATION

If I/we are unable to pick up our child, I/we designate the following people to whom my child may be released:

Name	Relationship	Phone Number

MEDICAL ALERT INFORMATION

Please list any medical conditions and medications that emergency responders should know about:

Condition	Medication

Note: Please send at least three full days' dosage of each medication and include a letter from your physician giving Nurture with Care Kids Academy permission to administer this medication during an emergency.

NURTURE WITH CARE
KIDS ACADEMY
Guiding Tiny Steps into A Bright Future

Email: info@nurturewithcarekidsacademy.com
Phone: (360) 682-8920
1162 SW Fort Nugent Ave, Oak Harbor, WA 98277

EMERGENCY CONSENT & DISASTER RELEASE FORM

OUT-OF-STATE EMERGENCY CONTACT

If telephone service is interrupted due to a major disaster, long distance service will be the first repaired. Please list an out-of-state contact we can call with information if local telephone service is interrupted.

Name: _____ Phone: _____ State: _____

CONSENT TO MEDICAL CARE & TREATMENT OF MINOR

I hereby give permission that my child, _____, may be given emergency treatment, including first aid and CPR, by a qualified childcare staff member at Nurture with Care Kids Academy.

I further authorize and consent to medical, surgical, and hospital care, treatment, and procedures to be performed when deemed immediately necessary or advisable by the physician to safeguard my child's health, when I cannot be contacted. I waive my right of informed consent to such treatment.

I also give my permission to call 911 so that my child may receive aid and/or be transported by ambulance or aid car to an emergency center for treatment. The hospital may charge me for these services.

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.

SIGNATURES

_____ Date: _____
Parent/Guardian Signature

_____ Date: _____
Witness Signature

_____ Date: _____
Witness Signature

FOR CENTER USE ONLY - DISASTER RELEASE DOCUMENTATION

This section documents who takes the child during times of disaster.

This child was released to: _____

Released by (Staff): _____

Proof of ID: _____ Date: _____ Time: _____

Destination: _____