



NURTURE WITH CARE KIDS ACADEMY

Guiding Tiny Steps into A Bright Future

Email: Info@NurtureWithCareKidsAcademy.com

Phone: (360) 682-8920

Oak Harbor, WA 98277

NurtureWithCareKidsAcademy.com

EMERGENCY CONSENT & DISASTER RELEASE FORM

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CHILD INFORMATION

Child's First Name: _____ Last Name: _____

Address: _____

PARENT/GUARDIAN CONTACT INFORMATION

Parent/Guardian Name: _____ Phone: _____

Email: _____

Parent/Guardian Name: _____ Phone: _____

Email: _____

EMERGENCY RELEASE AUTHORIZATION

If we are unable to pick up our child, we designate the following people:

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

MEDICAL ALERT INFORMATION

Conditions and medications that emergency responders should know about:

Condition	Medication
_____	_____
_____	_____
_____	_____

Please send at least three full days' dosage of each medication, together with a Medication Authorization Form (Form 5) completed for that medication. Form 5 sets out the labelling requirements; this page does not replace it.

OUT-OF-STATE EMERGENCY CONTACT

If local telephone service is interrupted by a major disaster, long distance service is usually restored first. Please give an out-of-state contact we can call.

Name: _____ Phone: _____ State: _____



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CONSENT TO MEDICAL CARE & TREATMENT OF MINOR

I 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 being performed when a physician deems them immediately necessary or advisable to safeguard my child's health and I cannot be reached. I understand this means treatment may begin before I am contacted, and that I am waiving my right to give informed consent for that treatment at the time it is given.

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

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

SIGNATURES

Witness signatures are optional. A parent or guardian signature alone is sufficient.

Parent/Guardian Signature

Date

Witness Signature (optional)

Date

FOR CENTER USE ONLY - DISASTER RELEASE DOCUMENTATION

Documents who takes the child during a disaster.

Child released to: _____

Proof of ID: _____

Released by (staff): _____

Destination: _____

Date: _____

Time: _____