

**North Seattle Infant Cooperative Preschool**

**Adult Emergency Contact Information**

Parents or Guardians: please fill this out and give it to your Coop Health & Safety person (in a sealed envelope with your name on it, if you wish). Completed forms will be kept with the children's emergency contact information forms and are locked away after each class. The forms will only be referenced to help you in case of emergency.

**Please PRINT Legibly!**

Your Name: \_\_\_\_\_

*First Emergency Contact/Relationship:*

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

*Second Emergency Contact/Relationship:*

\_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Your Doctor's Name: \_\_\_\_\_

Doctor's Phone Number: \_\_\_\_\_

Medical Coverage Name/Number: \_\_\_\_\_

Preferred Hospital for Emergency Care: \_\_\_\_\_

Regular medications: \_\_\_\_\_

\_\_\_\_\_

Allergies to medication or other: \_\_\_\_\_

\_\_\_\_\_

Medical Conditions to be aware of: \_\_\_\_\_

\_\_\_\_\_

Last Tetanus shot: \_\_\_\_\_

# CHILD EMERGENCY, MEDICAL INFORMATION AND CONSENT FORM

Child's Name \_\_\_\_\_ Birth Date \_\_\_\_\_

Chronic Illnesses, Medical Conditions \_\_\_\_\_

Regular Medication \_\_\_\_\_

Allergies (Including Drug Reactions) \_\_\_\_\_

Other Pertinent Data \_\_\_\_\_

Date of Last DPT \_\_\_\_\_

## EMERGENCY TELEPHONE NUMBERS:

Parent's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell/Pager # \_\_\_\_\_ Address \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home # \_\_\_\_\_ Work # \_\_\_\_\_

Cell/Pager # \_\_\_\_\_ Address \_\_\_\_\_

Emergency Contact: Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Relationship \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

## CONSENT TO EMERGENCY MEDICAL CARE AND TREATMENT

I, \_\_\_\_\_, the natural parent/legal guardian of \_\_\_\_\_ 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 immediately necessary or advisable by the physician to safeguard my child's health if I cannot be contacted.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

IN AN EMERGENCY: THESE LISTED PEOPLE ARE AUTHORIZED TO TAKE MY CHILD FROM SCHOOL. (Name, phone, address, relationship – attach additional sheet if needed)

IN AN EXTREME EVENT, IF ALL EFFORTS TO CONTACT PARENTS AND EMERGENCY PEOPLE FAIL, THE TEACHER, OR WORKING PARENTS MAY USE THEIR OWN JUDGMENT AS TO THE SAFE CARE OF MY CHILD.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## PHOTO RELEASE FORM

I give permission for **North Seattle Infant Cooperative Preschool** (“the cooperative”) and North Seattle Community College (“the college”) to display, distribute, publish, transmit, or otherwise use photographs, images, and/or video taken of my child, \_\_\_\_\_ . These materials include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as the PAC web site.

Please mark all that apply:

\_\_\_\_\_ *Limited usage:* I want my child’s image used within the cooperative setting only (not in the larger community)

\_\_\_\_\_ *Limited usage:* I want my child’s image used for educational materials only (not marketing). This could be either within the coop or in the larger community. One example of this usage could be videos used in parent education classes.

\_\_\_\_\_ *Limited usage:* I want my child’s image used on printed materials only (no digital or video use)

\_\_\_\_\_ *Unrestricted usage:* I give unrestricted permission for my child’s image to be used in print, video and/or digitally. I agree that these images may be used by the coop/ college for a variety of purposes and that these images may be used without further notification to me. I understand that the child’s last name will not be used in conjunction with any digital images.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Submit one copy to the cooperative upon enrollment.

Submit a copy to the NSCC Parent Education Program when images are going to be used for web site or other purposes outside the cooperative. Mail to: Parent Education Program Coordinator, NSCC, 9600 College Way North, Seattle, WA 98103. Thank you.