

Ridgefield Community Kindergarten (RCK)
Emergency Contact Information

Child's Name _____

DOB _____

Address _____

City, State, Zip _____

PARENT(S)

TELEPHONE NUMBERS

Mother _____
Home Address: _____

Cell _____
Home Phone _____

Work Address: _____

Work Phone _____

Father _____
Home Address: _____

Cell _____
Home Phone _____

Work Address: _____

Work Phone _____

EMERGENCY CONTACT(S)

Please include all people other than the parent(s) who are authorized to pick your child up from RCK.

1. _____

Cell _____

2. _____

Cell _____

3. _____

Cell _____

4. _____

Cell _____

5. _____

Cell _____

PHYSICIAN _____

Phone _____

FAMILY DENTIST _____

Phone _____

I give permission to Ridgefield Community Kindergarten (RCK) for my child to leave the school premises under the supervision of a staff member(s) for field trips.

Parent Signature _____

Date _____

I give permission to Ridgefield Community Kindergarten (RCK) to make whatever emergency measures (i.e., first aid, disaster evacuation, etc) as judged necessary for the care and protection of my child while under the supervision of the school.

In case of a medical emergency, I understand that my child may be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource deems it necessary. The child will be transported at the expense of Ridgefield Community Kindergarten (RCK).

I understand that in some medical situations, the staff will need to contact the local emergency resource before the parent, the child's physician, and/or an emergency contact.

Parent Signature _____

Date _____