

EMERGENCY CONTACT FORM: Linglestown Christian Nursery School

1430 N. Mountain Rd. Harrisburg, PA 17112 545-3617

CHILD'S NAME: Last _____	First _____
Gender: Male Female Date of Birth _____	Land Line Phone _____
Address: _____ Zip _____	

Parents/guardians and other adults living in the household: (List in order to be called during school hours)			
1. Name _____	Relationship: _____	e-mail _____	
Cell # _____	Work # _____	Work place name: _____	
2. Name _____	Relationship: _____	e-mail _____	
Cell # _____	Work # _____	Work place name: _____	
3. Name _____	Relationship: _____	e-mail _____	
Cell # _____	Work # _____	Work place name: _____	

People (in addition to parents) for Emergency Contact and Authorized to Pick-Up Child
(list in the order to be called) (They have permission to receive information about my child's day)

Name	Relationship to Child	Phone #1	Phone #2	Address/City/State/Zip

Who is the primary pick-up person? _____
 e-mail, if not listed above _____ (will receive weekly emails)

Marital Status: married single divorced separated widowed

Custody: both mother father other _____

Legal custody arrangements: ___no ___yes

Attach custody papers along with photographs of both parents (for office use: ___yes ___no)

Child's Physician

Name	Address	Phone Number

Health Insurance Information

Health Insurance Company coverage for child	Preferred Hospital
Policy Number (required)	Group Number

Notices

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, the staff of LCNS will administer minor first-aid. The Director or person in charge will obtain emergency medical care for my child, including transportation, to the nearest available hospital. I understand that I am responsible for any ambulance fees.

Emergency Transportation

I understand that under normal circumstances, LCNS does not provide transportation. In the case of extreme emergency, LCNS will transport my child by walking or driving to the designated evacuation facility by private vehicle and/or church van.

Photographs/videos

Photographs/videos are taken throughout the year during the school day and at special events. Pictures may be used in classroom photo albums, slideshows, school/church promotional material, the school website and school Facebook page. Names will not be used.

School Directory

My child's name, parent's names, address, & phone number will appear in the school directory.

Contact the school office if you do not want your child's photo taken or your name in the school directory.

Parent/Legal Guardian Signature _____ **Date** _____

Parent/Legal Guardian Signature _____ **Date** _____

Both signatures required.

January Periodic Review (Make changes in a different colored pen)

Signature of Parent or Legal Guardian

Date