WILLAMETTE UNIVERSITY

Emergency Contact Information Form

Child's Name	Date of Birth M ☐ F ☐ Non-Binary ☐
Parent's/Guardian's Name _____	Parent's/Guardian's Name _____
Phone Address:	Phone Address:
City, ST ZIP Code	City, ST ZIP Code
Email Address	Email Address

Emergency Contacts

In the case of an emergency, we always try to contact parent/guardian first. However, we are required to have an emergency contact other than the parent(s).

Primary Emergency Contact _____	Secondary Emergency Contact _____
Phone	Phone
Address	Address
City, ST ZIP Code	City, ST ZIP Code

Additional Pick-up Authorization

These people are authorized to pick up your child and must show photo ID.

Name:	Phone number:	Relationship:
Name:	Phone number:	Relationship:

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Health Permissions and Medical Information Form

Child's Name:	Date:

Allergies

**** Allergies may require an allergy plan on file prior to program participation****

Does your child have any food allergies? Yes☐ No☐
If you answered yes, please provide details below:
Is medication needed? If so, explain:

Medications

Is your child currently taking any medications? Yes ☐ No☐
Please list if applicable:
Special health considerations we should be aware of:
My child may be given prescribed medication with written parent consent Yes ☐ No☐
My child may be given non-prescribed medication with written parent consent Yes ☐ No☐
Parent's/Guardian's Signature Date

Medical Information

In the event of an emergency, staff members will call 911. The parent or guardian of the child is notified as soon as possible.

Hospital/Clinic Preference	
Physician's Name	Physicians Phone #
Insurance Company	Insurance Phone #
Policy Number	

Sick child policy

I understand that if my child becomes ill, I will find alternative care until my child is symptom-free for 24 hours.
Parent's/Guardian's Signature Date