Tysons Corner Children's Center

Emergency Contact Information and Authorization for Emergency Treatment

Child's Information

Child's Name: _____ _____ _____

Nickname: _____ Birth Date: _____/_____/_____ Sex: _____ Date of Enrollment: _____/_____/_____

Address: _____ City: _____ State: _____ Zip: _____

Parent/Guardian Information

Mother/Guardian

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____

Father/Guardian

Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email Address: _____ Employer: _____

Parent's Marial Status: ☐ Single ☐ Partners ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Designated phone contact in case of injury or emergency: _____

Legal Custody Agreement for this child? ☐ No ☐ Yes- Person/Agency with custody: _____

***If yes, please provide appropriate document such as custody papers stating name of child and person/agency with custody.**

Emergency/Allergy Information

Child's Physician/Healthcare Provider: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Child's Dentist: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Does your child have any allergies or food restrictions: ☐ No ☐ Yes

- *If yes, please explain:* _____

Does your child have any medical conditions or activity restrictions: ☐ No ☐ Yes

- *If yes, please explain:* _____

Is your child currently taking any medications: ☐ No ☐ Yes- Please list: _____

Action to be taken in case of emergency/allergic reaction: _____

Emergency Contact Other than Parents (Must be local- Virginia, Maryland, D.C.)

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Relationship: _____ Telephone: _____

Address: _____ City: _____ State: _____ Zip: _____

Persons authorized to pick up child: _____

Persons NOT AUTHORIZED to pick up child: _____

*Appropriate paperwork such as custody papers shall be attached if a parent is not allowed to pick up the child.

Tysons Corner Children's Center has my permission, in the event that there is an immediate medical emergency or situation in which medical care must be administered to my child, when I (or my physician) cannot be connected, to take my child to the emergency room of the nearest hospital, and its medical staff have my authorization to provide treatment which a physician deem necessary (which may include agreements for the administration of anesthesia) to provide necessary treatment for my child. The parent is responsible for payment of medical expenses.

Parent's Signature: _____ Date: _____

Insurance Company: _____ ID/Policy Number: _____