

**Wind 'n Willow Emergency Contact
Summer / Fall**

PLEASE PRINT CLEARLY

Child's Name: _____ Date of Birth: _____

Home Address: _____

Town: _____ Zip: _____ School District: _____

Parent Name (1): _____ Email: _____

Tele. # Home: _____ Work: _____ Cell: _____

Parent Name (2): _____ Email: _____

Tele. # Home: _____ Work: _____ Cell: _____

Emergency Contacts (To whom child may be released if legal guardian is unavailable):

Name #1: _____

Tele. # Home: _____ Work: _____ Cell: _____

Name # 2 _____

Tele. # Home: _____ Work: _____ Cell: _____

Child's Health Insurance Plan: _____ ID# _____

Subscriber's Name on Insurance Card: _____

Doctor's Name/Phone #: _____

Medical Alerts, Allergies, Special Conditions, or Disabilities for Emergency Situations

Transport Arrangement in Emergency Situation: Ambulance service: 911. Child will be taken to St. Joseph's Hospital. Parents/guardians are responsible for all emergency transportation charges.

Pick-up Authorization Information: The following people are authorized to pick-up my child from Wind n' Willow:

Name: _____ Relationship _____ Tele #: _____

Name: _____ Relationship _____ Tele #: _____

Name: _____ Relationship _____ Tele #: _____

I understand that Wind n' Willow will call the 8th precinct located at 286 N. Wantagh Avenue Levittown, NY 11756; phone #573-6800 if my child is not picked up by 6:30 pm.

Medical Consent and Agreement for Emergencies: As parent/legal guardian, I give consent to have my child receive first aid by facility staff and, if necessary, be transported to receive emergency care. I understand that I will be responsible for all charges not covered by insurance. I give consent for Wind 'n Willow or the emergency contact person listed above **to act on my behalf** until I am available. I agree to review and update this information whenever a change occurs and at least every 6 months.

Parent Legal/Guardian Signature

Date