

Easton Community Center

Emergency Contacts & Authorization for Pick-Up

Holland Hill School DCCC.70170	North Stratfield School DCCC.16645	Stratfield School DCCC.70475	Playtots Preschool DCCC.16494	Osborn Hill School DCCC. 70622	ECC Camps YCYC.00647
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The names of at least one or two individuals, in addition to parents, who are authorized to pick up your child, must be on file with the program. If anyone else will be picking up your child, it is imperative that you notify the ECC. The ECC staff shall not release a child to anyone who is not authorized in writing for pick-up.

Child's Name: _____		Date of Birth: _____	
Parent/Guardian Name: _____		Parent/Guardian Name: _____	
Cell: _____ Work: _____		Cell: _____ Work: _____	
E-mail: _____		E-mail: _____	
Employer: _____		Employer: _____	
Employer Address: _____		Employer Address: _____	

Password for Unusual Pickup Authorization _____ (optional)

This password should be kept confidential. Only the parent and the ECC staff will know it. The password is used as a means of positively identifying a parent if they call the center to authorize an unusual pick-up. This password may also be used for the curbside sign-out. The pick-up person does not need to know the password. They will need to show a photo ID.

Emergency Contacts & Authorized for Pick-Up (Other than parents)

Name	Relationship	Phone Number
_____	_____	_____
_____	_____	_____
_____	_____	_____

☐ Check here if a court order exists limiting who may pick up your child/children from childcare, please bring in a copy of the court order, and a picture if available. Otherwise, we will assume that either parent can pick up your child or children.

Doctor Information

Name: _____ Phone: _____
Address: _____ Town: _____ Zip: _____
Preferred Hospital: _____ Town: _____
In the event of an emergency requiring a physician's care, do you wish us to call your family physician? ☐ Yes ☐ No

AUTHORIZATION FOR MEDICAL TREATMENT OF A MINOR

I, _____ give my consent for the First Aid and CPR certified staff of the Easton Community Center to administer first aid and CPR to my child, _____. In the event of a medical emergency I, _____ give my consent to have my child, _____ transported to the nearest hospital. I will be responsible for all medical fees.

Preferred Hospital: _____

Allergies to drugs or foods: _____

Please list any special medications or pertinent information: _____

Signature (Parent or Legal Guardian)

Date

Office Use Only: Date of Enrollment: _____ Last Day of Enrollment: _____