



## First Aid and Emergency Medical Consent & Pick-up Authorization – 2

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

### Instructions to reach Parent/Guardian in Emergency (list in order of call priority)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### Pediatrician Contact Information

Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Alternate Emergency Contact and/or Pick-up Authorization

1. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Permission to Pick-up \_\_\_ Yes \_\_\_ No

2. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Permission to Pick-up \_\_\_ Yes \_\_\_ No

3. Name: \_\_\_\_\_ Address: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_ Permission to Pick-up \_\_\_ Yes \_\_\_ No

Written permission must be presented for any other person to pick up your child. Permission will not be given over the phone. Picture Identification must be presented for ALL unknown persons picking up child.

### Medical Emergency Treatment

Allergies, Chronic Health Conditions: \_\_\_\_\_

Insurance Co.: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Participating Hospital: \_\_\_\_\_

Special Instructions: \_\_\_\_\_

I authorize JNP staff who are trained in the basics of first aid/CPR to give my child: \_\_\_\_\_ First aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to: \_\_\_\_\_ and or to secure necessary transportation and medical treatment for my child.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date