

## PIEDMONT DEPARTMENT OF RECREATION EMERGENCY INFORMATION FORM

CHILD'S NAME    LAST                      FIRST	SEX / BIRTHDATE
ADDRESS                                      CITY                      STATE                      ZIP	PRIMARY CONTACT NUMBER (WITH AREA CODE)
PARENT'S NAME    LAST                      FIRST	DAY TIME TELEPHONE (WITH AREA CODE)
HOME ADDRESS	EMAIL ADDRESS
PARENT'S NAME    LAST                      FIRST	DAY TIME TELEPHONE (WITH AREA CODE)
HOME ADDRESS	EMAIL ADDRESS
ADDITIONAL PERSONS (I.E. CAREGIVER) RESPONSIBLE FOR CHILD	TELEPHONE (WITH AREA CODE)

**ADDITIONAL PERSONS WHO MAY BE CALLED IN EMERGENCY AND ARE AUTHORIZED TO TAKE CHILD FROM FACILITY**  
 (Child will not be allowed to leave with any other person without written authorization from parent)

NAME	ADDRESS	TELEPHONE (WITH AREA CODE)	RELATIONSHIP

**PHYSICIAN OR DENTIST TO BE CALLED IN AN EMERGENCY**

PHYSICIAN	ADDRESS	INSURANCE PROVIDER AND NUMBER	TELEPHONE (WITH AREA CODE)
DENTIST	ADDRESS	INSURANCE PROVIDER AND NUMBER	TELEPHONE (WITH AREA CODE)

IF A PHYSICIAN CANNOT BE REACHED, WHAT ACTION SHOULD BE TAKEN:

In the event of a disaster, it may be necessary to communicate with parents through pre-designated people out of the area or state.  
 Please indicate such people to contact in the event of a disaster:

NAME	RELATIONSHIP	TELEPHONE (WITH AREA CODE)

**DISASTER / EMERGENCY PROCEDURES**

In the event of a disaster of major emergency, it is likely that many parents will be detained and unable to pick up their child immediately. It may even be hours before a pick up can be made.

In this event, Piedmont Recreation Department and our staff will be responsible for full protective care and custody until such time parental pick-up can occur. In the event that relocation is required, children will be cared for **at the Corey Reich Tennis Center on Vista Avenue.**

**MEDICAL EMERGENCY**

In signing this card, I give consent for all persons I have listed on this card and all Piedmont Recreation officials to seek and authorize any necessary medical aid for my child in the event of a medical emergency.

\_\_\_\_ Medical, allergies or other restriction (please check and comment) \_\_\_\_\_

PARENT'S SIGNATURE

DATE

(OVER TO BACK)

## CHILD'S PREADMISSION HEALTH HISTORY – PARENT'S REPORT

<p><b>DOES YOUR CHILD HAVE AN EPI-PEN?</b></p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p><b>**Please note that if your child requires an Epi Pen, Piedmont Recreation Department asks that the parents/guardians provide one to be left onsite.**</b></p>	<p style="text-align: center;"><b>CONDITIONS REQUIRING SPECIAL ATTENTION IN THE CHILD CARE CENTER: (BE SPECIFIC, THIS WILL HELP STAFF IN YOUR CHILD'S TRANSITION AND DAY!)</b></p>	
<p><b>PARENT'S EVALUATION OF CHILD'S HEALTH &amp; PERSONALITY:</b></p>	<p><b>SLEEPING HABITS:</b></p> <p><b>BED TIME HOUR:</b></p> <p><b>WAKING HOUR:</b></p>	<p><b>DIET PATTERNS:</b></p> <p><b>AM MEAL:</b></p> <p><b>NOON PM:</b></p> <p><b>PM MEAL:</b></p> <p><b>FOOD DISLIKES:</b></p>
<p><b>WORDS USED FOR BOWEL MOVEMENT:</b></p> <p><b>WORDS USED FOR URINATION:</b></p> <p><b>TOILET TRAINING STARTED AT:</b></p>	<p><b>HAS THE CHILD HAD OTHER GROUP PLAY EXPERIENCES?</b></p>	<p><b>LIST ANY OF THE CHILD'S SPECIAL PROBLEMS OR FEARS:</b></p>
<p><b>IF YOUR CHILD HAS A QUALIFYING DISABILITY, WHAT REASONABLE ACCOMMODATIONS ARE NEEDED:</b></p>		

\_\_\_\_\_  
PARENT'S SIGNATURE

\_\_\_\_\_  
DATE