

**WESLEY LEARNING CENTER**  
**203-426-6149**

**EMERGENCY INFORMATION:**

Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

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

**Parents:**

**Telephone Numbers**

\_\_\_\_\_  
Parent #1

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

\_\_\_\_\_  
Parent #2

Home: \_\_\_\_\_

Work: \_\_\_\_\_

Cell: \_\_\_\_\_

**PICK – UP AUTHORIZATION**

We MUST have on file in the office a list of persons who are authorized to pick up each child enrolled. Please fill in the appropriate blanks below:

	Name	Phone Number
Carpool Driver(s)	_____ _____ _____	_____ _____ _____
Child Care Provider	_____ _____	_____ _____
Others: & Relationship:	_____ _____ _____	_____ _____ _____

**Medical Care: (Name / Phone)**

Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or Health Information \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

I give permission for the trained staff at Wesley Learning Center to make whatever emergency measures (e.g.: first aid, disaster evacuation) are judged necessary for the care and protection of my child while under the supervision of the program.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment, at my expense, if the local emergency resource (Police, Rescue Squad) deems it necessary.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent / guardian, child's physician and / or adult acting on the parent / guardian's behalf.

I hereby authorize Wesley Learning Center to act on my behalf in case of an emergency.

Parent's Signature: \_\_\_\_\_

Date: \_\_\_\_\_