

2018-2019 EMERGENCY PREPAREDNESS FORM

Puget Sound Christian School Daycare

1740 South 84th Street Tacoma, Washington 98444

Office: (253) 537-6870 Fax: 253-535-3822

In the event of an emergency or natural disaster, your child will remain at school until you or the persons designated by your signature comes to the school and personally signs your child out of our care. After 72 hours, your child may be transferred to the nearest Red Cross Shelter. If he/she is transferred, this form would go with your child.

Please fill this out (PRINT) completely. Any area not pertaining to your child, indicate with N/A.

Child's Name _____ Birthdate _____ Sex _____ Age _____
Last First Initial

Father/Guardian Name _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Mother/Guardian Name _____ Phone _____

Home Address _____ City _____ Zip _____

Place of Employment _____ Work Phone _____

Out of State Contact Person:

Name _____ Cell #: _____

Insurance: Carrier _____ Policy/Group # _____

Subscriber Name _____ Subscriber # _____

Drug Allergies: _____ Medication Being Taken: _____

Food Allergies _____ Reactions _____

MEDICAL AND/OR SURGICAL AUTHORIZATIONS:

"In the event of an emergency and I cannot be located, I hereby give permission to the licensed medical personnel selected by PSCS Personnel to treat my child deemed necessary. I hereby give permission to the physician selected by PSCS Personnel to hospitalize, secure proper treatment for, and to order injection and/or anesthesia and/or surgery for my child named above." **(This form may be photocopied for use by Puget Sound Christian School & Daycare.)**

I designate the following individuals to whom my child may be released to in case of emergency.

Name: _____ Relationship to Child: _____ Cell#: _____

Name: _____ Relationship to Child: _____ Cell#: _____

Name: _____ Relationship to Child: _____ Cell#: _____

Please list any individual who is not authorized, legally or otherwise, to pick up your child. **(We require a copy of court ordered documents on file.)** _____

Signature of Father/Guardian _____ Date _____

Signature of Mother/Guardian _____ Date _____

To be filled out and signed by PSCS Staff:

Student was released to _____ Red Cross Shelter, Location _____

PSCS Staff Member _____ Day _____ Time _____