



**2024-25 EMERGENCY INFORMATION AND LIABILITY RELEASE FORM**

**☆ MUST BE RETURNED BEFORE THE START OF SCHOOL ☆**

Child's Name: \_\_\_\_\_ D.O.B.: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

**PRIMARY CONTACT**

Name: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Primary Address: \_\_\_\_\_ Primary Email: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Email: \_\_\_\_\_

\_\_\_\_\_

**SECONDARY CONTACT**

Name: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

Secondary Address: \_\_\_\_\_ Secondary Email: \_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Work Address: \_\_\_\_\_ Work Email: \_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION**

Doctor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Primary Health Care Carrier: \_\_\_\_\_

Identification #: \_\_\_\_\_ Group #: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies or other medical conditions: \_\_\_\_\_

\_\_\_\_\_

I/we \_\_\_\_\_ give my/our permission for my/our  
child \_\_\_\_\_ to be treated by an available physician or dentist in case  
of emergency.

\_\_\_\_\_  
Signature of parent or guardian

★ Name and phone number of two people who may be at home to care for your child in case of an emergency if primary or secondary contacts cannot be reached. **THIS MAY NOT BE LEFT BLANK.** Thank you.

\_\_\_\_\_  
\_\_\_\_\_  
If an accident should occur, every reasonable effort will be made to notify the above contact(s)—or if circumstances otherwise dictate, when an accident occurs at the school, the child will be taken to UPMC Carlisle if necessary. If the child is away from the school on a field trip or other school activity, the same procedure will be followed utilizing the closest medical facility for treatment. In either case, a staff person will continue to try and reach the above contact(s). *It is for this reason that it is imperative all emergency information be correct and be kept current.*

Because the school can only treat minor injuries, parents are asked to sign the following release of Joyful Steps Preschool for all claims arising out of the emergency treatment or transportation of their child, except in the case of gross negligence.

### RELEASE

I understand that, in the event of an emergency involving my child, it may be necessary for a staff person or other representative of Joyful Steps Preschool to administer basic first aid to my child and/or transport my child to a hospital, physician's office or other health care facility. I hereby consent to the treatment and/or transportation of my child under such circumstances, and release Joyful Steps Preschool, its employees, director and agents from any claim arising out of or related to such treatment or transportation, except in the case of gross negligence.

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

\_\_\_\_\_  
(Signature of Parent or Guardian)

### Additional Release Information

**Please initial your consent below:**

\_\_\_\_\_ I give permission for my child to be photographed for classroom projects, activities, special events and/or school promotions.

\_\_\_\_\_ I give permission for my child's photo and first name to be used on the ClassDojo digital platform, accessible only to class families and teachers through a closed account login.

\_\_\_\_\_ I give permission for my child's name, parents' names, phone numbers and email addresses to be distributed to my child's class for the purpose of contacting classmates for playdates, birthdays, etc.