

Emergency Contact Information Form		
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Child's Name	Date of Birth	M 🗆 F 🗆 Non-Binary 🗆
Parent's/Guardian's Name	Parent's/Guardian's Name	
Cell Phone Work Phone	Cell Phone	Work Phone
Address:	Address:	
City, ST_ZIP Code	City, ST ZIP Code	
F		
Email Address	Email Address	
Is there a legal document affecting child custody rights? Yes No		
Emergen	cy Contacts	
In the case of an emergency, we always try to contact parent/guardian first. However, we are requiredto have an emergency contact other than the parent(s).		
Primary Emergency Contact	Secondary Emergency Contact	
Cell Phone Work Phone	Cell Phone	Work Phone
Address	Address	
City, ST ZIP Code	City, ST ZIP Code	
Additional Pick-up Authorization These people are authorized to pick up your child and must show photo ID.		
Name: Phone nui	mber:	Relationship:
ne: Phone number:		Relationship:
Name: Phone nu	Phone number:	
Stay Connected with Campus		
The University of Oregon places the security and safety of its students, employees and visitors as its highest priority. Parents and Guardians can stay informed by bookmarking the UO alerts page. https://alerts.uoregon.edu/		

O UNIVERSITY OF OREGON

Child's Name: Date: Allergies ** Allergies may require an allergy plan on file prior to program participation** Does your child have any food allergies? Nc If you answered yes, please provide details below:	Health Permissions and Medical Information Form			
** Allergies may require an allergy plan on file prior to program participation** Does your child have any food allergies? Yes No No If you answered yes, please provide details below: Please check mark the following places your child have any non-food allergies? Please list below: Please check mark the following places your child have any non-food allergies? Please list below: Table Please list below: Building Please list below: Is medication needed? If so, explain: Please list below: University of Oregon does not have Epi Pens on site for general emergency use. An allergy plan should be on file prior to program participation. Please list if applicable: Is your child currently taking any medications? Yes No No Please list if applicable: Special health considerations we should be aware of: No Modication My child may be given prescribed medication with written parent consent Yes No No Parent's/Guardian's Signature Date No Physician's Name Physicians Phone # Physicians Phone # Insurance Company Insurance Phone # Physicians Phone # Policy Number Sick child policy Inderstrue care until my child is symptom-free (of fever, diarrhea, vomiting, communicable disease as defined by Lane County Health department) for 24	Child's Name:	Date:		
If you answered yes, please provide details below: Please check mark the following places your child can be around the allergen? Table Table Room Building Ls medication needed? If so, explain: University of Oregon does not have Epi Pens on site for general emergency use. An allergy plan should be on file prior to program participation. Medications Is your child currently taking any medications? Yes No Please list if applicable: Special health considerations we should be aware of: My child may be given prescribed medication with written parent consent Yes No My child may be given non-prescribed medication with written parent consent Yes No Parent's/Guardian's Signature Date Medical Information In the event of an emergency, staff members will call \$11. The parent or guardian of the child is notified as soon as possible. Hospital/Clinic Preference Physician's Name Physicians Phone # Physicians Company I understand that if my child becomes ill, I will find alternative care until my child is symptom-free (of fever, diarrhea, vomiting, communicable disease as defined by Lane County Health department) for 24 hours.				
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