

Emergency Contact Information Form

Child's Name		Date of Birth		M <input type="checkbox"/> F <input type="checkbox"/> Non-Binary <input type="checkbox"/>	
Parent's/Guardian's Name		Parent's/Guardian's Name			
Cell Phone		Work Phone		Cell Phone	
Work Phone		Work Phone			
Address:			Address:		
City, ST ZIP Code			City, ST ZIP Code		
Email Address			Email Address		
Is there a legal document affecting child custody rights? Yes <input type="checkbox"/> No <input type="checkbox"/>					
Emergency Contacts					
In the case of an emergency we always try to contact parent/guardian first. However, we are required to have an emergency contact other than the parent(s).					
Primary Emergency Contact			Secondary Emergency Contact		
Cell Phone		Work Phone		Cell Phone	
Work 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 number:		Relationship:	
Name:		Phone number:		Relationship:	
Name:		Phone number:		Relationship:	
Stay connected with campus					
The University of Oregon places the security and safety of its students, employees and visitors as its highest priority. For emergency notification, the university uses multiple modes of communication to ensure as many individuals as possible will receive notification quickly when there is important information about a situation.					
UO Alerts messages are sent when there is an imminent threat to health and/or safety to the campus community. The emergency communication system is available to campus visitors for more information see https://safety.uoregon.edu/uo-alerts-faq					

Health Permissions and Medical Information Form

Child's Name: _____

Date: _____

Allergies

**** Allergies may require an allergy plan on file prior to program participation****

Does your child have any food allergies? Yes No

If you answered yes, please provide details below:

Please check mark the following places your child can be around the allergen?

Does your child have any non-food allergies? Please list below:

Table

Room

Building

Is 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 911. The parent or guardian of the child is notified as soon as possible.

Hospital/Clinic Preference _____

Physician's Name _____

Physicians Phone # _____

Insurance Company _____

Insurance Phone # _____

Policy Number _____

Sick child policy

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.

Parent's/Guardian's Signature _____

Date _____