



First Aid and Emergency Medical Consent & Pick-up Authorization – 2

Child's Name: _____ Date of Birth: _____

Address: _____

Instructions to reach Parent/Guardian in Emergency (list in order of call priority)

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Pediatrician Contact Information

Doctor: _____ Phone: _____

Address: _____

Alternate Emergency Contact and/or Pick-up Authorization

1. Name: _____ Address: _____

Relationship: _____ Phone: _____ Permission to Pick-up ___ Yes ___ No

2. Name: _____ Address: _____

Relationship: _____ Phone: _____ Permission to Pick-up ___ Yes ___ No

3. Name: _____ Address: _____

Relationship: _____ Phone: _____ Permission to Pick-up ___ Yes ___ No

Written permission must be presented for any other person to pick up your child. Permission will not be given over the phone. Picture Identification must be presented for ALL unknown persons picking up child.

Medical Emergency Treatment

Allergies, Chronic Health Conditions: _____

Insurance Co.: _____ Policy Number: _____

Participating Hospital: _____

Special Instructions: _____

I authorize JNP staff who are trained in the basics of first aid/CPR to give my child: _____ First aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize the program to transport my child to the nearest medical care facility and/or to: _____ and or to secure necessary transportation and medical treatment for my child.

Parent/Guardian Signature

Date