

Children of The Woodlands Methodist Weekday School

**Emergency Form**  
2010-2011 School Year

Child's Full Name \_\_\_\_\_

Name Called \_\_\_\_\_ Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Male \_\_\_ Female \_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone(\_\_\_\_\_) \_\_\_\_\_

Cell Phone (\_\_\_\_\_) \_\_\_\_\_

**In the event I cannot be reached for a medical emergency, I hereby authorize Children of The Woodlands to transport, and to obtain treatment from:**

**Doctor** \_\_\_\_\_ **Doctor's Phone Number** (\_\_\_\_\_) \_\_\_\_\_

**Address** \_\_\_\_\_

**Memorial Herman Hospital or St Luke's, The Woodlands - unless medical personnel specify another hospital.**

**Insurance Company** \_\_\_\_\_

Insurance Company Verification Phone Number (\_\_\_\_\_) \_\_\_\_\_

Group Number \_\_\_\_\_ (and or) Policy Number \_\_\_\_\_

**Insured Parent's Name** \_\_\_\_\_

**Parent's Employer** \_\_\_\_\_

PLEASE ATTACH YOUR CHILD'S PHOTO AT RIGHT.  
IN ADDITION, AS A MEANS OF GETTING TO KNOW  
YOUR FAMILY BETTER AND FOR YOUR CHILD'S  
SECURITY, PLEASE PROVIDE PHOTOS OF PARENT(S)  
AND OTHER PRIMARY CAREGIVER(S).

Please include a photo of your child.



u28822854 www.fotosearch.com

**EMERGENCY CONTACTS ON THE REVERSE SIDE**

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
Last First

When arriving at school, children must be left in the care of a staff member. Your child will be released only to a parent/guardian or an adult designated **in writing** by the parent. A staff member must be aware of each child's departure.

Please list at least three persons who have your permission to pick up your child, and who can be contacted in case of an emergency, if a parent can not be reached. Please be certain the people listed are **within 30 minutes** of the school and willing and available to pick up your child in case of illness or emergency. In the event of illness we will call parents/guardians first. If we cannot reach them or do not receive a return phone call in 20 minutes we will call the emergency contacts in the order they are given. We welcome out of state relatives to drop off and pick up, but they may not be listed as the first three required contacts.

**C.O.W. requires three names as well as complete addresses, phone numbers and cell phone.**

<b>1.</b> Name _____ Phone Number (_____) _____ Address _____ City _____, State _____ Cell Number (_____) _____
<b>2.</b> Name _____ Phone Number (_____) _____ Address _____ City _____, State _____ Cell Number (_____) _____
<b>3.</b> Name _____ Phone Number (_____) _____ Address _____ City _____, State _____ Cell Number (_____) _____
<b>4.</b> Name _____ Phone Number (_____) _____ Address _____ City _____, State _____ Cell Number (_____) _____
<b>5.</b> Name _____ Phone Number (_____) _____ Address _____ City _____, State _____ Cell Number (_____) _____