

# Ventnor Educational Community Complex

## Before/After Care Program

### Emergency Medical Information

Child's Name: \_\_\_\_\_

Child's Medical Condition:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Child's Physician: \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Office Number \_\_\_\_\_ Other # \_\_\_\_\_

Health Insurance Info:

Insurance Co. \_\_\_\_\_ Policy ID # \_\_\_\_\_

Policy Holder \_\_\_\_\_

Please be advised that during Before/After Care hours of operation there may not be a nurse in the building. Before/After Care personnel cannot administer medications to any student. In case of a serious emergency Before/After Care personnel will call 911. If emergency medical care is deemed necessary and I cannot be contacted I authorize the program staff to act on my behalf in granting permission for my child to receive emergency treatment. I understand that in a severe emergency, my Child will be taken by ambulance to the nearest hospital.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date