



**PLAYWORKS**

# Medical Emergency Data Card

PRE-KINDERGARTEN AND SCHOOL-AGE

\_\_\_\_\_  
CHILD'S NAME

\_\_\_\_\_  
DATE OF BIRTH

## PARENT/GUARDIAN INFORMATION

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Work Phone: \_\_\_\_\_  
City/State: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_

## EMERGENCY CONTACT(S)

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Dentist Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Last DPT: \_\_\_\_\_ Weight: \_\_\_\_\_ As of Date: \_\_\_\_\_  
Allergies: \_\_\_\_\_  
Other Medical Alerts: \_\_\_\_\_

## PRE-KINDERGARTEN AND SCHOOL-AGE

I give permission to Playworks to make whatever emergency (e.g. first aid, disaster evacuation) measures are judged necessary for the care and protection of my child while under the supervision of Playworks.

Playworks may apply sunscreen on my child.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (police, rescue squad, etc.) deems it necessary. The child will be transported at the expense of the parent/guardian.

In the event of accidental ingestion, I understand that Playworks will contact the poison control center and I authorize Playworks to do what is directed to do by the poison control center. I hereby authorize Playworks to act on my behalf in case of emergency. It is understood that in some medical situations, the guides will need to contact the local emergency resource before the parent/guardian, child's physician, and/or adult acting on the parent/guardian's behalf.

My child has permission to participate in the field trips and activities that involve walking or being transported by the Playworks bus on SMSC properties. In the event the Playworks children are included in any newspaper, radio, television, films, internet, or video publicity, I give permission for my child to be included in the pictures, etc.

Playworks shows movies rated PG or less that are previewed by teachers ahead of time.

My child may participate in jumping in the Playworks bouncer.

Playworks shall make every effort to safeguard personal belongings brought by the child, but will not be responsible for lost or broken items.

---

PARENT/GUARDIAN SIGNATURE

---

DATE