



23970 N. Elm Road, Lincolnshire, IL 60069 phone: (847)634-3168 fax: (847)634-8262

EMERGENCY INFORMATION / PERMISSION FORM 2023-2024

(This form **MUST** be on file at school by the first day of class)

Child's Name _____ Birthdate ___ / ___ / ___ Birthplace _____
Nickname _____ Child's Gender _____ Child's Pronouns _____
Home Address _____ City _____ Zip Code _____
Home Phone _____ Email _____

Parent 1 Ms Mrs Mr Dr _____ Address/Phone (if different) _____

Work Information Company Name _____ Address _____
Hours at Work _____ Phone _____ Cell _____

Parent 2 Ms Mrs Mr Dr _____ Address/Phone (if different) _____

Work Information Company Name _____ Address _____
Hours at Work _____ Phone _____ Cell _____

Please indicate which number to call **first** if needed.

- Home Parent 1 Cell Parent 1 Work Parent 2 Cell Parent 2 Work

EMERGENCY MEDICAL CARE RELEASE

This authorizes Tamarak Country School, its staff, or designated officers to perform or secure emergency medical treatment for my Child when I cannot be immediately reached at the time of the emergency. I will be responsible for the emergency charges incurred. I understand that public safety officers, staff or officers of Tamarak Country School may transport my Child to the nearest emergency facility. This release also authorizes standard first aid. Parents or guardian will be immediately notified in the case of emergency medical care, treatment of illness, accident or injury requiring medical attention.

Signature of Parent/Guardian _____ Date _____

Per DCFS regulation, 2 names need to be listed in case of emergency (other than parents):
(The persons listed here can pick up my child if needed)

1. Name _____ Address _____
Phone _____ Relationship _____

2. Name _____ Address _____
Phone _____ Relationship _____

Pediatrician _____ Phone _____

Address _____
Street City Zip Code

(form continued on back)

HEALTH INSURANCE COVERAGE

Current information about health insurance coverage is required in case of emergency. This information may also be required in non life threatening emergencies.

Name of Insured: _____

Insurance Carrier: _____

Policy Number: _____

CHILD PICKUP CONSENT

ONLY THE FOLLOWING PEOPLE ARE ALLOWED TO PICK UP YOUR CHILD, EXCEPT FOR PARENTS.

You may add or delete names at any time, but requested changes should be in writing.

Individuals picking up your child may be asked to provide identification at time of pick up.

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Signature of Parent/Guardian* _____ Date _____

**Signature and date are required even if not listing names for pickup consent above*

RELEASE FOR TRAVEL, OUTINGS AND USE OF PICTURES

I authorize Tamarak Country School and its personnel to take my Child on walking trips, excursions, and field trips, and for my Child to participate in school activities in other buildings on the Tamarak grounds. I also authorize my Child to ride as a passenger in any school vehicle or staff vehicle, to and from school, and on field trips or excursions; and for the school to use my Child's picture(s) in the brochure, on the website and/or for publicity purposes and to include my Child's name, parent's names, address, email address and phone number on class lists and in the all school directory.

Signature of Parent/Guardian _____ Date _____

PARENT HANDBOOK ACCEPTANCE

I have read and agree with the policies and procedures in the Tamarak Country School Parent Handbook.

Signature of Parent/Guardian _____ Date _____

CONFIDENTIALITY OF STUDENT'S FILE

I authorize Tamarak Country School and its personnel to have access to the health and safety information that has been submitted on behalf of my child. I am aware that DCFS and NAEYC personnel may view my child's file upon a site visit to Tamarak Country School. I am aware that I have access to my child's file at any time upon request.

Signature of Parent/Guardian _____ Date _____