

Moss Garden Nursery

Emergency Information

Child's name _____

Address _____

Mother's name _____ (Home phone) _____

(Bus./Cell Phone) _____

Father's name _____ (Home phone) _____

(Bus./Cell phone) _____

Other emergency contacts

1. Name _____

Home Phone _____ cell _____

2. Name _____

Home Phone _____ cell _____

In case of accident or serious illness, I request that Anne Mandeville-Long contact me. If she is unable to reach me, I hereby authorize her to call the physician indicated below to follow his/her instructions. If it is impossible to contact this physician, Anne Mandeville-Long may make whatever arrangements deemed necessary. I assume all financial responsibility and waive all claims against Moss Garden Nursery/Anne Mandeville-Long for any injuries sustained by the above-named child.

Signature of Parent _____ date _____

Physicians Name _____

Address _____

Office Phone _____

Which hospital do you prefer?

UNC _____ DUKE _____

Dentist's Name _____ Office phone _____

Does this child have any allergies or other physical disabilities? (explain)
