

# GROWING TREE SCHOOL

334 Somerset St. North Plainfield, NJ 07060

Tel (908) 754-5505

## EMERGENCY AUTHORIZATION FORM Summerfest 2024



**A. CHILD'S NAME (as it appears on birth certificate)**

\_\_\_\_\_ (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (M.I.)

Date of birth (mm/dd/yyyy): \_\_\_\_\_

Address: \_\_\_\_\_ North Plainfield, NJ 07060

**B. Allergy, Food Restriction, or Medical Condition The School Should Be Aware of:**  
(attach separate sheet if necessary)

\_\_\_\_\_

**C. In case of emergency, where to reach parents or guardian:**

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

Name: \_\_\_\_\_ Tel: \_\_\_\_\_

**D. Doctor's Name:** \_\_\_\_\_ Tel: \_\_\_\_\_

**E. Health Insurance (indicate all applicable information):**

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

**ID No.** \_\_\_\_\_ **Group No.** \_\_\_\_\_

Name of Insured (**Primary** Subscriber) \_\_\_\_\_

**Relationship to child :** \_\_\_ father \_\_\_ mother \_\_\_ self other: \_\_\_\_\_

Billing Address (**insurance company**) \_\_\_\_\_

\_\_\_\_\_

Tel. (**insurance company**) \_\_\_\_\_

**In the event of an emergency, I hereby give permission for Growing Tree Pre-School staff to seek emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical or surgical care and treatment. It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.**

Name in Print: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_ Date: \_\_\_\_\_