



Mis Amigos Spanish Immersion
412 Fifth Avenue North
Hopkins, MN 55343
952-935-5588
info@misamigospreschool.com
www.misamigospreschool.com

Child Emergency Information

Date Completed _____

Child's name _____ Birth date _____

Parent's names _____ Home Phone _____

Home Address _____

Email Address _____

In the event of an injury requiring medical attention, the Mis Amigos staff will attempt to contact the parents.

Mother's Employer _____ Phone Number _____

Father's Employer _____ Phone Number _____

If the staff members at **Mis Amigos Spanish Immersion** are unable to reach the parents, they will attempt to reach a neighbor or relative who will assume responsibility for care of the child in an emergency and who are authorized to pick up the child.

NAME #1 _____ Phone Number _____

Address _____ Relationship _____

NAME #2 _____ Phone Number _____

Address _____ Relationship _____

PHYSICIAN _____ Phone Number _____

Address _____

DENTIST _____ Phone Number _____

Address _____

Known allergies/illnesses _____

Date of last tetanus shot (last DTP) _____ Medications regularly taken _____

Other significant medical information _____

Insurance company & policy number _____

Parent/Guardian Signature _____ Date _____

Permission Statements

Please *initial* next to the following paragraphs to signify your agreement with each statement.

I give my permission to the staff of Mis Amigos to take whatever emergency measures (including medical or surgical care) are judged necessary for the care and protection of my child while under the supervision of the school.

I understand that in some emergency situations Mis Amigos will need to contact the Emergency Medical Service (911) before the parent, child's physician, or other adult who is acting on the parent's behalf. In the event of a non-life threatening medical emergency, my child should be transported to _____ Hospital. If it is a life threatening medical emergency, I understand that my child will be transported to Methodist Hospital which is closest to Mis Amigos. My child will be transported at my expense.

In consideration of your acceptance of my child as a student at **Mis Amigos Spanish Immersion**, I hereby waive, release, indemnify, and agree to hold harmless **Mis Amigos Spanish Immersion, LLC** or **Mizpah United Church of Christ**, its employees, and agents, from any claim arising out of any and all injuries suffered by my child incidental to or connected with any activity sponsored by **Mis Amigos Spanish Immersion, LLC**, except to the extent covered by accident or liability insurance which may be carried by such organization or person.

I give my permission for my child's picture to be used in publicity for Mis Amigos Spanish Immersion, LLC. I understand that I will be notified before my child's picture is used and I will have the option to decline.

I would like my name, address, phone number and email address to be included in the school directory. I understand this information will only be provided to current families attending Mis Amigos.

I give my permission for a Mis Amigos director or qualified teacher to administer Syrup of Ipecac to my child *only on the advice and under the instruction of Poison Control*.

I give my permission for a staff member of Mis Amigos to apply sunscreen lotion according to the manufacturer's directions on my child. I understand that this is not an ordinary procedure and, if necessary, should be applied before coming to school.

I give my permission for a staff member of Mis Amigos to apply insect repellent according to the manufacturer's directions on my child. I understand that this is not an ordinary procedure and, if necessary, should be applied before coming to school.

Parent/Guardian Signature _____ Date _____