



ALVIN COMMUNITY COLLEGE

Child Development
Laboratory School

In Case of Emergency

This form will be stored in a binder that will travel with office staff in the unlikely event of an evacuation, relocation, shelter-in-place, or lock-down. This form must be updated whenever there is a change in information, or at minimum, annually.

CHILD INFORMATION:

First _____ Middle _____ Last _____ DOB ____ / ____ / ____

Home Address _____ City _____ State _____ Zip _____

Does your child have any known allergies: No ___ Yes ___

Explain: _____

Does your child have any chronic illnesses/conditions: No ___ Yes ___

Explain: _____

Please give any information concerning your child which will be helpful in an emergency situation:

FAMILY INFORMATION:

Parent/Guardian: First _____ Middle Initial _____ Last _____ DOB ____ / ____ / ____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Primary Telephone (____) _____ - _____ Secondary Telephone (____) _____ - _____

Parent/Guardian: First _____ Middle Initial _____ Last _____ DOB ____ / ____ / ____

Home Address _____ City _____ State _____ Zip _____

Employer _____ Work Address _____

Primary Telephone (____) _____ - _____ Secondary Telephone (____) _____ - _____

EMERGENCY CARE INFORMATION:

My child's pediatrician/physician is: _____ Phone: (____) _____ - _____

Address: _____

Hospital Preference: _____ Phone: (____) _____ - _____

Address: _____

If neither parent (nor guardian) can be contacted, call (please list relationship):

Relation _____ Name _____ Primary Telephone (____) _____ - _____

Relation _____ Name _____ Primary Telephone (____) _____ - _____

Relation _____ Name _____ Primary Telephone (____) _____ - _____

Relation _____ Name _____ Primary Telephone (____) _____ - _____



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Emergency Transport Authorization

I authorize my child to be transported and supervised by the operation's employees for emergency care.

Parent/Guardian Signature: _____ **Date:** _____

Medical Authorization

I authorize the staff of the ACC Laboratory School to take whatever emergency medical measures are deemed necessary for the care and protection of my child if neither I nor our family physician can be contacted immediately. In the event of such accident or illness, all medical expenses incurred are my responsibility. I release the ACC Laboratory School, and all its employees, officers, directors, servants, and agents from liability incurred as a result of any act they may perform on behalf of my child.

Parent/Guardian Signature: _____ **Date:** _____

Updated on: _____

By: _____