



**Hodori SONYC at EWSIS
Emergency Information Sheet**

Participant Basic Health Information			
Participant Name:		Date of Birth:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Address:			
Program Acceptance Date:		Date of Discharge:	
Allergies: <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please list:</i> Children who have special health care needs are those who have chronic physical, developmental, behavioral or emotional conditions expected to last 12 months or more and who also require health related services of a type beyond that required by children generally. If your child does have special health care needs please discuss these with your child-care provider.			
PCP Name:		Phone:	
Dentist Name:		Phone:	
Hospital/Medical Facility:		Phone:	
Insurance Provider:		Policy ID:	
Emergency Contact Data			
Contact Name	Relationship	Phone Number	Authorized for pick-up?
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agreements			
I consent to the enrollment of the child listed above in this facility and have been advised of the policies regarding administration of medications, fees, transportation and the services provided by the facility, and the Office of Children and Family Services regulations under which it operates.			
I give consent for my child to take part in neighborhood trips (i.e. library, park and playground) away from the facility under proper supervision. <input type="checkbox"/> Yes <input type="checkbox"/> No			
In case of accident or injury, I authorize any and all emergency medical, dental, and/or surgical care and hospitalization advised by the medical provider (listed above) necessary for the proper health and well-being of my child. <input type="checkbox"/> Yes <input type="checkbox"/> No			
I have provided information on my child's special needs (Allergies, Diet, Disabilities, and/or Medical Information) to the provider, as may be necessary to assist the facility in properly caring for my child in case of an emergency. <input type="checkbox"/> Yes <input type="checkbox"/> No I agree to update this information whenever a change occurs and at least once every six months. <input type="checkbox"/> Yes <input type="checkbox"/> No			
Parent/Guardian Signature			Date:



Hodori SONYC Program at EWSIS Parent / Guardian Consent

1. I understand and agree that Hodori SONYC program is not responsible for the incidents of my child during the program hours and the dismissal time due to not following teacher's instructions.
2. I understand and agree that my child will participate in field trips provided by SONYC program. Also, Hodori SONYC program is not responsible for the incidents of my child during the field trip due to not following the teacher's instructions.
3. I understand and agree that my child will be expected to attend program every day, and more than 3 absences will result in automatic disenrollment. Absences will only be excused in case of medical or family emergency with a proper notice from parent/guardian.
4. I understand that this consent will be in effect as of the date of my signing this form and stay in effect as long as my child is enrolled in the Hodori SONYC Program.

Student / Applicant Name

Grade

Parent /Guardian Name

Parent / Guardian Signature

Date