

EMERGENCY NOTIFICATION FORM

Child's Name _____ DOB _____

Parents' Name(s) _____

Address _____ City _____

Zip Code _____ Home Phone # _____ Cell Phone # _____

Mom's Work # _____ Dad's Work # _____

No Insurance OHP/Medicaid Private Health Private Dental

Health Plan/Company _____ Policy # _____

Dental Plan/Company _____ Policy # _____

Re-certification/Renewal Date _____

Medical (Doctor) _____

City _____ Telephone # _____

Dental (Dentist) _____

City _____ Telephone # _____

Hospital _____

City _____ Telephone # _____

*If the Parents/Guardians or designated emergency contact cannot be reached at the time of an emergency, and it appears emergency medical services are necessary, Umatilla-Morrow Head Start, Inc. is authorized to send the child, by ambulance, to the local health care facility for evaluation.

*If the attending Health Care Provider determines that emergency medical services are necessary, and the Parents/Guardians or designated emergency contact are unavailable, permission is given for treatment.

In case of an emergency the following information may be shared with the Health Care Provider:

Medical Problems _____

Allergies _____

Medications _____

(Regularly taken, prescription or other)

In signing, I acknowledge agreement to the statements on this page.

Parent/Guardian Signature _____ Date _____

Review dates _____

(Emergency notification to be reviewed at least annually)

BUS POLICY

Pick-Up Address _____

Take Home Address _____

If other than parent, person's name _____

1. Buses will transport children in part-day programs within a 7 mile maximum radius of the center, in the town in which the classroom is located. Families that live within a 2 block radius of the school may be asked to self transport or walk their children to class. It is our goal to be able to provide transportation services to the majority of our children and keep the amount of time children are in transit to and from school at a reasonable length. The Head Start Performance Standards state that transit time should not exceed one hour.
2. The bus driver will attempt to follow the same route each school day. The parent will be given an approximate time of when the bus will leave the bus stop. The bus driver will never leave your stop before the given time, but if you are not out at the stop on time, the driver will continue on their route and it will be the parent/provider's responsibility to assure that the child gets to school. Thus, parent/provider needs to be out at bus stop 3 minutes prior to bus departure time.
3. The bus driver must visually see that there is an authorized person at least 12 years of age at home before the child will be allowed off the bus. (Oregon law states you must be 12 years of age to do child care). If parent/provider is not home, a second attempt will be made at the end of the route. If someone is still not home, the child will be brought back to the center. With the education staff's assistance, attempts will be made to locate the parent to pick-up the child. As a last resort, the local Child Protection Agency will be contacted and the child will be placed in their custody.
4. Children will be picked up and delivered to their regular bus stop. If, due to an **emergency or other unusual situation**, a child needs to be picked up or dropped at a different location **this will only be done with written permission from the parent or legal guardian**. If written permission is not received prior to pick-up or take home, your child will be delivered or picked up at their regular bus stop! Please do not ask to have your child picked up or delivered to another location unless it is a necessity. **All parents/providers need to be available at home to receive their child at the time the Head Start class is over and until the bus arrives. Routes vary and we cannot guarantee an exact time your child will arrive home.**
5. Parents are welcomed and encouraged to ride the bus. If a sibling is brought on the bus and requires the use of a child safety seat, it will be the responsibility of the parent to provide that seat.
6. Food and toys are not to be sent to school on the bus.
7. As an enrolled Head Start parent, I have read and discussed the above items with a Head Start staff person. I agree with and understand the conditions of the Bus Policy.

Staff Signature _____ Date _____

**Alternate people who can be contacted as indicated below:
(Parent's need to date and initial all changes and additions made
after the original date this form was signed.)**

Name, Street Address and Phone Numbers	Emergency Contact	Drop Site	Pick Up	Child Care Provider
<u>Date</u>				
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