

Peanuts at St. Gregory's  
1100 Hicksville Road, Seaford, NY 11783 | 516-548-7587  
Peanutsatstgregorys.com | peanutsatstgregorys@gmail.com

### EMERGENCY CONSENT FORM

Parent(s) /Guardians Names \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_  
Work # (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_  
Cell # (Mom) \_\_\_\_\_ (Dad) \_\_\_\_\_  
Email Address \_\_\_\_\_

#### CHILD'S MEDICAL HISTORY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Pediatrician's Name \_\_\_\_\_  
Telephone# \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Past Medical History \_\_\_\_\_

#### INSURANCE INFORMATION

Type of Insurance \_\_\_\_\_  
Policy# \_\_\_\_\_  
Insured's Name \_\_\_\_\_  
Relationship to Insured \_\_\_\_\_

I hereby grant permission for Peanuts at St. Gregory's to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to the following:

1. Attempt to contact a parent or guardian
2. Attempt to contact the child's physician
3. Attempt to contact the parent or guardian through any of the persons listed as emergency contacts
4. If we are unable to contact you or your child's physician, we will do any or all of the following:
  - a) Begin first aid/CPR ourselves
  - b) Call an ambulance
  - c) Have the child taken to St. Joseph's Hospital
5. Any expenses incurred under #4 above will be borne by the child's family
6. Peanuts at St. Gregory's will not be responsible for anything that may happen as a result of false information given at the time of enrollment
7. I hereby grant permission for my child to use all of the play equipment and participate in all of the activities at Peanuts at St. Gregory's

Sworn to before this: \_\_\_\_\_ Parent Signature \_\_\_\_\_ Notary Stamp \_\_\_\_\_  
\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_