

EMERGENCY CARE AND PERMISSION FORM

DATE (MM/YY) THIS FORM COMPLETED: _____

NAME _____ SEX _____ BIRTHDATE _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

HOME PHONE _____

PARENT'S NAME _____
(father) *(mother)*

EMPLOYMENT _____
(father) *(mother)*

WORK PHONE _____
(father) *(mother)*

CELL PHONE _____
(father) *(mother)*

HEALTH INSURANCE PLAN _____ POLICY _____

PHONE NUMBER: _____

PERSONS TO BE CONTACTED IN CASE OF EMERGENCY & PARENTS CANNOT BE REACHED

1. NAME _____ Relationship _____
PHONE NO. (work and home) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

2. NAME _____ Relationship _____
PHONE NO. (work and home) _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____

DOCTOR AND/OR HOSPITAL PERMISSION

The staff of the Burke Presbyterian church Preschool for 2016-2017 has my permission to admit my son/daughter to the nearest doctor and/or hospital for medical treatment should the need arise during Preschool or related activities, the doctor and/or hospital will use this permission statement as authority to administer medication and/or treat my son/daughter, _____.
If necessary.

father's signature &/or *mother's signature*

PLEASE COMPLETE THE FOLLOWING. INCLUDE ANY INFORMATION YOU FEEL IS PERTINENT (cautions on medications, drug interactions, common problems and how you treat them, etc.) FOR TREATMENT OF YOUR CHILD.

- LIST ALL MEDICATIONS AND FOODS TO WHICH YOUR CHILD IS ALLERGIC or SENSITIVE (if none, write "none"): PLEASE NOTE: IF YOUR CHILD NEEDS AN EPI PEN, OR ANY OTHER MEDICATION (i.e., Benedryl), BPC PRESCHOOL HAS A FORM THAT MUST BE FILLED OUT BY YOUR CHILD'S PHYSICIAN BEFORE THEY BEGIN SCHOOL

- PLEASE LIST ANY MEDICATIONS YOUR CHILD TAKES ON A REGULAR BASIS. (GIVE PHARMACEUTICAL NAME): _____

- LIST ANY PROBLEMS SUCH AS REACTION TO BEE STING, DIABETES, EPILEPSY, MOTION SICKNESS, ETC. _____

- DATE of last TETANUS Shot: _____

- ANY ADDITIONAL INFORMATION OF WHICH WE SHOULD BE AWARE? _____
