



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 _____

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DOCTOR AND/OR HOSPITAL PERMISSION

The staff of the Burke Presbyterian Church Preschool 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.

_____ &/or _____
father's signature *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., Benadryl), BPC PRESCHOOL HAS AN ADDITIONAL 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. _____

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