



# EMERGENCY CARE FORM

DATE (MM/YY) THIS FORM COMPLETED: \_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ SEX \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

HOME PHONE \_\_\_\_\_

PARENT'S NAME \_\_\_\_\_  
(father) (mother)

EMPLOYER \_\_\_\_\_  
(father) (mother)

WORK PHONE \_\_\_\_\_  
(father) (mother)

CELL PHONE \_\_\_\_\_  
(father) (mother)

HEALTH INSURANCE PLAN \_\_\_\_\_ POLICY \_\_\_\_\_

INSURANCE PHONE NUMBER: \_\_\_\_\_

## PERSONS TO BE CONTACTED IN CASE OF EMERGENCY IF PARENTS CANNOT BE REACHED

1. NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

2. NAME \_\_\_\_\_ Relationship \_\_\_\_\_  
CELL PHONE \_\_\_\_\_ WORK PHONE \_\_\_\_\_  
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 hours 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. I will not hold Burke Presbyterian Church Preschool financially responsible for medical care given to my child.

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

**ADDITIONAL HEALTH INFORMATION:**

**Please include any pertinent information below that would help assess appropriate treatment for your child.**

1. List all medications and foods to which your child is allergic or sensitive (if none, write "none"):

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2. Does your child have an Epi-Pen or other medication (i.e., Benedryl, inhaler, etc.) that will need to be administered at preschool? If yes, please describe: \_\_\_\_\_

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**\*Please Note:** In order to keep medication at preschool, you must also submit the Medication Authorization Form (completed by your child's doctor) before your child begins school. You can request this form from the Preschool Main Office or access it on our website at: [www.BurkePresPreschool.org](http://www.BurkePresPreschool.org).

3. Please list any medications your child takes on a regular basis and dosage (give pharmaceutical name):

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4. Please list any health issues of which we should be aware (reaction to bee sting, diabetes, epilepsy, motion sickness, etc.): \_\_\_\_\_

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