

STUDENT EMERGENCY INFORMATION



Name _____ Birthdate _____

Address _____

Parents:

Phone Numbers:

(home) _____

(work) _____

(cell) _____

(home) _____

(work) _____

(cell) _____

Emergency Contacts:

Must include 2 contacts other than a parent. Please add these contacts to the *Authorized Caregivers* form.

Name	Phone #	Address
_____	_____	_____
_____	_____	_____

Medical Care:

Physician: _____

Name	Phone #	Clinic & Address
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Dentist: _____

Name	Phone #	Clinic & Address
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Significant Medical Information:

Medication _____

Allergies _____

I give permission to Valley Preschool staff members to act on my behalf in case of an emergency and to take whatever steps may be necessary for the care and protection of my child while under their supervision. These measures include, but are not limited to, the following:

1. Attempt to contact me, the child's parent.
2. Attempt to contact my child's physician.
3. Attempt to contact me through persons listed as "Emergency Contacts."
4. In the event that the above steps are not successful, a staff member will:
 - a. Call another physician
 - b. Call 911
 - c. Have the child transported to an appropriate medical facility by the local emergency unit in company of a staff member.

I understand that any expenses incurred under #4 above will be my responsibility.

I understand that in the event my child accidentally ingests a poisonous substance, a Valley Preschool staff member will contact the Poison Center (221-2113). I give permission for the staff to act as directed by the Poison Center.

I hereby authorize Valley Preschool staff members to act on my behalf in case of an emergency.

Parent's Signature _____ Date _____