

EMERGENCY INFORMATION

NAME _____

ADDRESS _____

PARENTS: _____ HOME # _____
WORK # _____
CELL # _____
_____ HOME # _____
WORK # _____
CELL # _____

EMERGENCY CONTACTS

I authorize the following to remove my child from school in the case of an emergency.

1. _____ Phone _____

2. _____ Phone _____

PHYSICIAN: _____ Phone _____

DENTIST: _____ Phone _____

LAST DPT _____ ALLERGIES: _____

MEDICATIONS: _____

OTHER SIGNIFICANT MEDICAL INFORMATION: _____

HOSPITAL PREFERRED _____

PARENTS' HEALTH INS. CO. _____ POL. # _____

I give permission to St. Paul's staff to make whatever emergency (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School/Center.

In case of a medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at my own expense.

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting in the parent's behalf.

DATE _____ SIGNATURE _____

(Parent of Guardian)

PERMISSION AGREEMENT

A. I/we grant permission for my child to use all of the play equipment and participate in all of the activities of the school, unless exceptions are noted here. _____

B. I/we grant permission for my child to leave the school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle.

C. I/we grant permission for my child to be included in evaluations and pictures connected with the Nursery School's programs.

D. I hereby grant permission for the staff 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. Administer first aid
2. Attempt to contact a parent or guardian
3. Attempt to contact the child's physician
4. Attempt to contact the parent through any of the persons listed on the emergency information form completed for the School. (Note: It is the parent's responsibility to keep this form up to date.)
5. If we cannot contact the parent or the child's physician we will do any or all of the following:
 - A. Call another physician
 - B. Call an ambulance
 - C. Have the child taken to an emergency hospital in the company of a staff member via ambulance
6. Any expenses incurred under 5 above, will be borne by the child's family.

E. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

F. The school will not assume responsibility for a child who has not been signed in when he/she arrives for the day.

Signed: _____ Date: _____
(parent or guardian)