

## First Presbyterian Preschool Emergency Contact Form

### Child Health Information and Medical Authorization

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parents/Legal Guardians: \_\_\_\_\_

Address: \_\_\_\_\_

Employers: \_\_\_\_\_

Phone Numbers: \_\_\_\_\_

Custody Information (joint/split): \_\_\_\_\_

Emergency Contacts: (four local people who you authorize to pick up your child)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent Emails: \_\_\_\_\_

List allergies and/or medical conditions: \_\_\_\_\_

List any medications being taken on a regular basis and for what conditions: \_\_\_\_\_

\_\_\_\_\_

Name and phone number of doctor or medical facility to call in an emergency: \_\_\_\_\_

\_\_\_\_\_

In the event of a medical emergency, I hereby give my permission to First Presbyterian Preschool staff to contact my child's physician listed above. I further give my permission to the attending medical staff to treat my child. I understand that neither the preschool staff nor the First Presbyterian Church is responsible for the cost of either treatment or transport.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Medical/Insurance Carrier: \_\_\_\_\_