

St. Anne's Pre-School
EMERGENCY MEDICAL FORM

Please complete and return this form to Pre-School. Any changes during the current school year should be reported immediately.

Child's Name: _____ Birthdate: _____

Address: _____

Home Phone: _____

Mother's Work Phone: _____ Cell: _____

Father's Work Phone: _____ Cell: _____

If unable to reach parents in case of illness, contact:

Name _____ Address _____

Phone: _____ Relationship _____

Part 1

In case of an emergency involving my/our child _____,

and no contact as indicated above can be reached, I/We give permission to the school personnel to arrange for my child to be taken to the

_____ Emergency Room and I/We

(Name of Hospital)

authorize the hospital medical personnel to administer any necessary medical care.

Date_____Signature of Parent/Guardian_____

Part 2

I DO NOT give my consent for emergency medical treatment of my child. In the event of illness or injury requiring emergency treatment, I wish the school personnel to take no action or to: _____

Date_____Signature of Parent/Guardian_____