



Emergency Care and Desired Action Information

Does the child have any known allergies? Yes No If yes, please explain _____

Does the child have physical handicaps Yes No If yes, please explain _____

List any maintenance medications: _____

Preferred Hospital _____

In case of serious injury/accident or accident requiring immediate medical attention, student will be taken to nearest hospital.

Health Insurance Carrier _____

Policy # _____ Group # _____

Name of Child's Physician _____ Office Phone # _____

Whom may we release your child to in case of illness, emergency or someone besides yourself picking up your child? (For your child's protection photo ID is required): When a parent is called because the child has become sick at school, the child must be picked up within an hour. Also the child cannot return the next day and/or after fever has broken for 24 hours.

Name _____

Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____

Relationship _____ Home # _____ Work # _____ Cell # _____

Name _____

Relationship _____ Home # _____ Work # _____ Cell # _____

I give permission to St. John's Lutheran Preschool/School and its staff to administer First Aid and/or CPR if needed. I understand that all preschool staff members are First Aid and CPR certified. I also give permission to St. John's Lutheran Preschool/School and its staff to obtain medical treatment in the event of an emergency. I agree that St. John's Preschool/School may authorize the physician of their choice to provide emergency care in the event neither parents nor the child's physician can be contacted immediately. I understand that we, the legal guardians, will be contacted immediately in the event of an emergency.

I have read and discussed application/practices and policies/procedures with the Preschool Director. I accept the practices and policies of St. John's Lutheran Preschool and School. I will abide by the educational and financial policies herein set forth and by the regulations and administration.

Parent/Guardian Signature: _____ Date _____