



List procedures we are to follow if your child has an allergic reaction:

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Please give any information concerning your child which will be helpful in his/her experience in a group setting (play, eating habits, sleeping habits, special fears, likes and dislikes, activities outside home, etc.):

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Emergency Information:

Name of child's Doctor: \_\_\_\_\_ Office Phone: \_\_\_\_\_

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

Hospital Preference: \_\_\_\_\_

Emergency Names to contact if parents cannot be reached:

1<sup>st</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Consent:

I agree that the Director may authorize the physician of her choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

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(Signature of Parent)

(Date)

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child: \_\_\_\_\_.

However, if I cannot be reached, I hereby authorize Bethlehem Church Preschool to transport my child or have child transported by responding emergency unit (at parent's expense) to the \_\_\_\_\_ hospital (or medical facility) and to secure for my child the necessary medical treatment.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_