

# First Presbyterian Preschool

## Emergency Contact Form

2019/2020 School Year

Please list people who have permission to pick up your child **excluding yourself**. The people listed below must present ID in order for our staff to release your child.

### Those authorized to pick up child:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

### Emergency contact: (In the event we are unable to reach a parent...we will call this number first)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_

## Parent Medical Authorization

I hereby grant permission for steps to be taken as are necessary to obtain emergency medical care for my child. These steps include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on this emergency contact form.
4. In the event we cannot contact you or your child's physician, we will do any or all of the following.
  - (a) Call another physician
  - (b) Call an ambulance
5. Any expense incurred under #4, above, will be the responsibility of the child's parent/guardian.
6. The school WILL NOT be responsible for anything that may happen as a result of false or incomplete information given at time of enrollment, or failure to keep information current.

**\*\*911 will be called immediately in a life-threatening situation\*\***

I hereby agree to comply with the above policies and procedures and allow for the release of medical information provided by me to the school should such an emergency occur.

Child's Name: \_\_\_\_\_

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Other Medical Information:

Regular Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ Phone #: \_\_\_\_\_