

## Presbyterian Preschool Authorization for Emergency Care to Minor

I, the undersigned parent, with legal custody or legal guardian of the minor do hereby authorize a Preschool staff member to obtain emergency medical care for my child if necessary. In the event of an emergency, Presbyterian Preschool will attempt to contact the parent for instructions. When it is impractical or inexpedient to do so, the parent hereby consents to allow the Preschool staff to take the child to the hospital for emergency care.

Minor's Full Name: \_\_\_\_\_ Birthday: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

My Child's Doctor Is: \_\_\_\_\_ Phone: \_\_\_\_\_

Please List the Names and Numbers of Emergency Contacts:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Does your child have any known allergies to medications? ☐ Yes ☐ No

If so please list: \_\_\_\_\_

Is your child under a doctor's care at this date? ☐ Yes ☐ No

Comment: \_\_\_\_\_

Is your child taking any sort of medication? ☐ Yes ☐ No

Comment: \_\_\_\_\_

Has your child had a tetanus shot? ☐ Yes ☐ No Date Administered: \_\_\_\_\_

**PLEASE NOTE:** This form will accompany your child for emergency treatment if it should be necessary. Please note any information which would be pertinent in this situation.

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