



Emergency Contacts Permission To Treat

Class Enrolled _____ M/W _____ T/R _____ MWF _____ T-F _____ M-F _____

Child's Name _____

Date of Birth _____ Gender _____ Home Phone _____

Address _____

1) Parent/Guardian Full Name _____

Address Same as Child Different Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

2) Parent/Guardian Full Name _____

Address Same as Child Different Address _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email Address _____

Person To Contact if Parents/Guardians Cannot Be Reached

1) Full Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

2) Full Name _____ Relationship to Child _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medical Information

Child's Physician _____ Phone Number _____

List Allergies (Food/Medicine) _____ Asthma Yes No

List All of the Child's Medications, Dosages, and Times _____

Preferred Hospital _____

Insurance Provider _____ Policy/ID Number _____

Etz Hayim Preschool has my permission in an emergency, when my physician or I cannot be contacted, to take my child to nearest emergency room. The hospital's medical staff have my authorization to provide treatment that a licensed physician deems necessary for the well being of my child, including first aid treatment, medication, hospitalization or surgery. Expenses incurred will be borne by the child's family. A copy of this form will be given to 911 responding Emergency Medical Services and hospital staff.

Parent/Guardian Signature _____ Date _____