

EMERGENCY INFORMATION & RELEASE FORM 2018-2019

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

Allergy/Dietary Restriction \_\_\_\_\_

Epi Pen available in office/Class \_\_\_\_\_ Inhaler available in office/Class \_\_\_\_\_

If allergy is severe enough for an Epi Pen/Inhaler, one must be provided for the office and the classroom

Family/Personal Dietary Preferences\* (i.e. vegan) \_\_\_\_\_ \*

\*Please discuss with Child's Teacher

Persons authorized to pick up your child (other than parents):

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# \_\_\_\_\_

Person restricted by Court Order from picking up child \_\_\_\_\_

**\*\*Copy of Court Order must be on file in office\*\***

Person to be notified in case of an emergency (if parents cannot be contacted)

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Contact# \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone# \_\_\_\_\_

Address \_\_\_\_\_

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be reached, I give permission for the Director or other Preschool personnel designated by the Director to authorize such treatment. I will not hold HUMC Preschool or medical personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, child's physician, and other persons listed for emergency contact. In the event of a life threatening allergic reaction, treatment with an Epi Pen (must be provided by the parents) will be administered first, then emergency support called, followed by the parents.

In order to also expedite such emergency treatment, please list your primary insurance company and the policy number.

Insurance Company \_\_\_\_\_ Policy# \_\_\_\_\_

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

