



Emergency Treatment and Parental Consent Form

Student's Name _____

Address _____
(Last) (Middle) (First)

Birth Date _____ Home Phone _____ Gender _____

Father's Name _____ Mother's Name _____

Father's Place of Employment _____ Phone _____

Father's Cell Phone number _____

Mother's Place of Employment _____ Phone _____

Mother's Cell Phone number _____

Emergency Contact (If Parents/guardian cannot be reached):

1. _____ Phone _____

2. _____ Phone _____

Family Physician _____ Phone _____

Family Dentist _____ Phone _____

Indicate student's serious medical problems _____

Student is allergic to: _____

_____ My son/daughter is covered by a medical insurance policy.

Policyholder/s Name _____ Policy holder's SSN _____

Insurance Company Name _____

Insurance company Address _____

City _____ State _____ Zip _____

Insurance Company Phone Number _____

Policy Identification Number _____

_____ My son/daughter is NOT covered by a medical insurance policy.

School Emergency Procedures

Manor Church Preschool has adopted the following procedures in caring for your child when he/she becomes sick or injured at school:

In case of emergency and/or need of medical or hospital care:

1. The school will call the home. If there is no answer,
2. The school will call the father's, mother's or guardian's place of employment and/or any cell phone numbers listed. If there is no answer,
3. The school will call the other telephone number(s) listed and the physician.
4. If none of the above answer, the school will call an ambulance, if necessary, to transport child to a local medical facility.
5. The school will continue to call the parents, guardians or physician until one is reached.

We (I) authorize an adult, in whose care the minor has been entrusted, to consent to any X-ray examination, anesthetic, medical, surgical or dental diagnosis or treatment, and hospital care, to be rendered to the minor under the general or special supervision and on the advice of any physical or dentist licensed under the provisions of the Medical Practice Act on the medical staff of a physician or at said hospital. The undersigned shall be liable and agree(s) to pay all costs and expenses incurred in connection with such medical and dental services rendered to the aforementioned child pursuant to his authorization. Should it be necessary for our (my) child to return home due to medical reasons or otherwise, the undersigned shall assume all transportation costs. The undersigned does also hereby give permission for our (my) child to ride in any vehicle designated by the adult in whose care the minor has been entrusted while attending and participating in activities sponsored by Manor Church Preschool.

Signature of parent or guardian _____ Date _____