

CHILD'S NAME _____ DATE OF BIRTH _____

Emergency Contacts

PARENT 1 NAME _____

PHONE #1 _____ PHONE #2 _____

PARENT 2 NAME _____

PHONE #1 _____ PHONE #2 _____

ALTERNATIVE CONTACTS, IF PARENT CANNOT BE REACHED:

1) NAME _____ RELATION _____

PHONE #1 _____ PHONE #2 _____

2) NAME _____ RELATION _____

PHONE #1 _____ PHONE #2 _____

Health Emergency Instructions

SPECIFIC HEALTH CONCERN, INCLUDING ALLERGIES, OR SPECIFIC DIAGNOSIS, IF APPLICABLE

PLEASE INDICATE ANY SPECIAL EQUIPMENT, MEDICATION, OR TECHNIQUE REQUIRED

(PLEASE SEE REVERSE FOR DETAILS OF LPP PROCEDURES)

PHYSICIAN NAME _____ PHONE _____

HOSPITAL PREFERENCE _____

Release of Child

I GIVE PERMISSION FOR THE STAFF TO RELEASE MY CHILD TO THE FOLLOWING PEOPLE:

NAME _____ ADDRESS _____ PHONE _____ RELATION _____

IN CASE OF A MEDICAL EMERGENCY AND IN THE EVENT THAT NEITHER A PARENT NOR A GUARDIAN CAN BE REACHED FOR SPECIFIC INSTRUCTIONS, I AUTHORIZE THE LAWRENCEVILLE PRESBYTERIAN PRESCHOOL STAFF TO CALL A LICENSED PHYSICIAN OR THE LOCAL FIRST AID SQUAD.

PARENT SIGNATURE _____ DATE _____



--Please Turn Over--

Emergency/Release 8/2014

Health Emergency Procedures

IF YOUR CHILD HAS AN ALLERGY, MEDICAL CONDITION, OR PROLONGED ILLNESS, PLEASE SUPPLY THE STAFF WITH THE EQUIPMENT, MEDICATION OR TECHNIQUE AND INSTRUCTIONS ABOUT HOW TO ADMINISTER TREATMENT. IF A PRESCRIPTION MEDICATION IS INDICATED, IT MUST BE IN ITS ORIGINAL CONTAINER, LABELED WITH YOUR CHILD'S NAME, THE NAME OF THE MEDICATION, ITS EXPIRATION DATE, AND DIRECTIONS FOR ITS USE.

THE UNDERSIGNED STAFF MEMBERS HAVE BEEN INFORMED AND INSTRUCTED BY THE PARENT ABOUT ANY SPECIAL EQUIPMENT, MEDICATION, OR TECHNIQUE REQUIRED:

PARENT	_____	DATE: _____
TEACHER 1	_____	DATE: _____
TEACHER 2	_____	DATE: _____
DIRECTOR	_____	DATE: _____

WHILE OUR SCHOOL HAS NEVER FACED AN EXTREME MEDICAL EMERGENCY AND WE TAKE EVERY PRECAUTION TO ENSURE THAT WE WILL NOT, WE DO HAVE PROCEDURES TO FOLLOW IN AN EMERGENCY.

IN ANY OF THESE EMERGENCY SITUATIONS, A CERTIFIED STAFF MEMBER IS PREPARED TO PERFORM FIRST AID OR INFANT/CHILD CPR.

- 1) IN THE EVENT OF A MEDICAL EMERGENCY PREVIOUSLY IDENTIFIED AS A POSSIBILITY, LPP STAFF WILL TAKE THE APPROPRIATE ACTION IN ACCORDANCE WITH THE PARENT'S INSTRUCTIONS. THE CHILD'S PARENTS WILL BE CONTACTED AND 911 CALLED (IF APPLICABLE). IF UNABLE TO REACH THE CHILD'S PARENT, THE ALTERNATIVE CONTACTS WILL BE NOTIFIED.
- 2) IN THE EVENT OF AN ACUTE MEDICAL EMERGENCY WHERE TIME MAY BE IMPORTANT, 911 WILL BE CALLED AND THE CHILD'S PARENTS WILL BE CONTACTED. IF UNABLE TO REACH THE CHILD'S PARENT, THE ALTERNATIVE EMERGENCY CONTACTS AND THE FAMILY'S PHYSICIAN WILL BE NOTIFIED.
- 3) IN A LESS EXTREME EMERGENCY, THE CHILD'S PARENT WILL BE CALLED SO THAT THE PARENT MAY CARE FOR THE CHILD OR TAKE HIM/HER TO THEIR OWN PHYSICIAN. IF UNABLE TO REACH THE CHILD'S PARENT, THE FAMILY'S PHYSICIAN MAY BE CALLED (IF APPROPRIATE) AND THE ALTERNATIVE EMERGENCY CONTACTS WILL BE NOTIFIED.

SIGN BELOW TO INDICATE THAT YOU HAVE READ AND AGREE TO THE ABOVE INFORMATION.

PARENT SIGNATURE _____ DATE _____