

SSUMC PRESCHOOL EMERGENCY INFORMATION 2010-2011

Child's Full Name _____ Home Telephone # _____
Address _____ Birth Date _____ Sex _____
City _____ State _____ Zip _____
Father's Name _____ Business # () _____
Father's Cell Phone/Beeper# _____
Mother's Name _____ Business# () _____
Mother's Cell Phone/Beeper# _____
Sitter/Nanny's Name _____ Phone# _____

PERSONS AUTHORIZED TO TAKE YOUR CHILD FROM THE PRESCHOOL

You MUST indicate at least one contact below.

These people have permission to take my child from the Preschool but NOT necessarily to act on my behalf in case of an emergency. (Provide complete address including house number, street, city, state and zip code.)

1. _____
Name _____ Phone _____ Relationship _____
Street Address _____ State _____ Zip Code _____
 2. _____
Name _____ Phone _____ Relationship _____
Street Address _____ State _____ Zip Code _____
 3. _____
Name _____ Phone _____ Relationship _____
Street Address _____ State _____ Zip Code _____
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IF PARENTS CANNOT BE REACHED – PERSONS WHO MAY BE CALLED IN AN EMERGENCY

You MUST indicate at least one contact below.

In my absence, these people have my permission to act on my behalf to seek care or emergency treatment for my child. (Provide complete addresses including house number, street, city, state and zip code.)

1. _____
Name _____ Phone _____ Relationship _____
Street Address _____ State _____ Zip Code _____
2. _____
Name _____ Phone _____ Relationship _____
Street Address _____ State _____ Zip Code _____
3. _____
Name _____ Phone _____ Relationship _____
Street Address _____ State _____ Zip Code _____

MEDICAL INFORMATION

Allergies _____ Medical Conditions _____

Medication(s) taken regularly, dosage amount and reason for use _____

Insurance Company _____ Policy/Group# _____

PHYSICIANS/DENTISTS TO BE CALLED IN AN EMERGENCY

Physician's Name _____ Phone# _____

Address _____

Dentist's Name _____ Phone# _____

PROCEDURES FOR A MEDICAL EMERGENCY

*In case of a severe injury or illness, the Director or Office Manager will first call Fulton County Emergency (911), and then will call the parent and make them aware of the emergency. If the parents or an emergency contact person are not available, the Director or Office Manager will follow the emergency vehicle to the hospital.

*If the injury is not serious enough to warrant a call to 911, but does require immediate attention (and the parent or emergency contact person cannot be reached) two staff members will transport the child to Children's Healthcare of Atlanta at Scottish Rite at 1001 Johnson-Ferry Rd. NE Atlanta, GA

*All minor injuries will be handled in-house. If a minor illness occurs, the parents or emergency contact person will be notified immediately to come and pick up the child. The child will remain in the office until that person arrives.

AUTHORIZATION TO CONSENT FOR TREATMENT OF A MINOR CHILD AND WAIVER/RELEASE OF LIABILITY

I/we _____ of _____, _____, _____,
(Name(s)) (City) (State) (County)

do hereby state that I/we are the parent(s) or legal guardian(s) having legal custody of _____,

who resides with me at _____ Home phone (____) _____
(Address)

Work phone (____) _____.

do authorize my child's teacher, or the Director of SSUMC Preschool, or an authorized staff member of SSUMC Preschool to consent to x-ray, examination, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent is unsuccessful. This authorization applies only during the hours my child is attending SSUMC Preschool. If such a situation should arise, I understand medical care as the situation may reasonably warrant will be secured. Further, in consideration of such an action being taken on behalf of my child, I hereby assume all financial responsibility for any treatment and hereby release and hold harmless such persons, the Church and Preschool against any and all claims by any person arising from obtaining or not obtaining such treatment.

I/we execute this Consent/Release on this _____ day of _____, _____.

Parent Signature

Parent Signature