

**Emergency Medical Information 2015-2016** (if any of the following information changes during the year please contact the office)



<b>Child's Name:</b>
<b>Date of Birth:</b>
<b>Home address:</b>
<b>Home phone:</b>
<b><u>Please indicate who we should call first in the event of fever, sickness, etc. If Contact #1 is not available we will call Contact #2.</u></b>
<b>CONTACT #1 Parent/Guardian Name, Employer and phone, cell phone, e-mail:</b>
Employer: _____ Work Phone: _____
Cell Phone: _____ Email: _____
<b>CONTACT #2 Parent/Guardian Name, Employer and phone, cell phone, e-mail:</b>
Employer: _____ Work Phone: _____
Cell Phone: _____ Email: _____
<b>Emergency contacts to call if parents cannot be reached (Names and Phone #s)</b>
1) _____
2) _____
<b><u>FOOD ALLERGIES</u> - Please list below and be specific.</b> You must have a <b><u>Food Allergy Action Plan</u></b> completed by your child's doctor indicating steps to be taken and/or medications to be given if your child has an allergic reaction. This form can be obtained from the preschool office. Please bring to the office the medications and/or Epi-pen to be kept at school.
<b>Food intolerances, diet restrictions, etc.:</b>
<b>Non-food allergies:</b>
<b>Child's physician and phone number:</b>
<b>Hospital preference:</b>
<b>List below any people who have permission to pick up your child at any time during the year:</b>

# ADATH JESHURUN PRESCHOOL FIELD TRIP AND MEDICAL TREATMENT PERMISSION FORM

CHILD'S NAME \_\_\_\_\_

I hereby grant permission for my child to use all of the play equipment and participate in all the activities of the school.

I hereby grant permission for my child to leave school premises under the supervision of a staff member for neighborhood walks or for field trips in an authorized vehicle (permission slips will be sent home prior to each field trip).

I hereby grant permission for my child to be included in evaluations, pictures and videos that may be shared with other parents' emails and may also be included on the school website and publicity connected with the school program.

I hereby grant permission for the Director or Acting Director to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact you through any of the persons listed on the emergency information you have given us. If the emergency contacts listed cannot contact you we will leave any treatment decisions up to that emergency contact person.
4. If we cannot contact you or any emergency contacts we will call an ambulance.
5. Any expenses incurred under #4, above, will be the responsibility of the child's family.
6. The school will not be responsible for anything that may happen as a result of false information given at the time of enrollment.

Signed \_\_\_\_\_ Date \_\_\_\_\_  
(Parent or Legal Guardian)