

St. Columbkille Sacred Heart Preschool

Emergency Contact Form & Medical Release

FAMILY EMERGENCY INFORMATION

CHILD'S NAME _____ SEX ____ DATE OF BIRTH _____

HOME ADDRESS _____

HOME TELEPHONE _____

MOTHER/LEGAL GUARDIAN _____

EMPLOYER _____ WORK TELEPHONE _____

PAGER OR CELLULAR NUMBER _____

SAFE ENVIRONMENT TRAINING ____ yes ____ no (visit www.archomaha.org for more information)

FATHER/LEGAL GUARDIAN _____

EMPLOYER _____ WORK TELEPHONE _____

PAGER OR CELLULAR NUMBER _____

SAFE ENVIRONMENT TRAINING ____ yes ____ no

If the school cannot contact a parent or guardian, please name at least three relatives or friends **who are available during the day and may be called if the child is ill**. They will be contacted in the order listed below.

	Name	Relation to Child	Home Phone	Work/Cellular Phone
1				
2				
3				

In case school is cancelled early, in addition to the above named individuals, I give the school permission to release my child to: ____ carpool ____ brother or sister ____ other _____

The above recommendations of the parent/guardian will be respected as far as possible, but I understand that in the final disposition of an emergency situation the judgment of the school authorities will prevail.

MEDICAL INFORMATION

Past illness of importance:

Penicillin or other drug reactions &/or allergies:

Is the child under any special medical treatment or diet that needs to be continued?

NAME OF PHYSICIAN _____

OFFICE TELEPHONE NUMBER _____

NAME OF MEDICAL INSURANCE _____

POLICY NUMBER _____ GROUP # _____

In case of medical or surgical emergency, I hereby give permission to the physician selected by St. Columbkille Sacred Heart Preschool or their representative to hospitalize &/or secure proper medical treatment for my child, as named above. I hereby release the directors and staff of this event from all responsibility for sickness or accidents which occur during the event. I understand that I will be contacted immediately in the case of an emergency. If a change in the above information is necessary, I will notify the school in writing

Signature of Parent or Guardian

Date