

Perry County Public Preschools Emergency Medical Authorization

Date _____

Child's Name _____ Sex _____ Date of Birth _____

Address _____ Phone _____

Mother's Name _____

Home Address _____ Phone _____

Employer _____ Address _____ Phone _____

Father's Name _____

Home Address _____ Phone _____

Employer _____ Address _____ Phone _____

Other telephone # where parents can be reached: Mother _____ Father _____

People to be contacted in the event of an emergency if the parent cannot be reached:

Name _____ Address _____ City, State, Zip _____ Relationship to child _____ Phone # _____	Name _____ Address _____ City, State, Zip _____ Relationship to child _____ Phone # _____
Physician or Clinic _____ Address _____ City, State, Zip _____ Phone # _____	Dentist or Clinic _____ Address _____ City, State, Zip _____ Relationship to child _____ Phone # _____

Either Part I or Part II below must be complete. Do not complete both.

Part I: Permission to Transport Child

I give Perry County Public Preschool my permission to transport my child _____ name of child
 _____ for emergency medical care or to _____ for emergency
 hospital/clinic dentist
 dental care or to nearest available source of assistance.

PARENTS SIGNATURE _____ DATE _____

Part II: Refusal to Grant Permission

I do not give permission to Perry County Public Preschool to transport my child _____ for emergency
 medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the child
 care facility to take the following actions:

PARENTS SIGNATURE _____ DATE _____

HEALTH RECORD

1. List all allergies and any special precautions and treatment indicated for these allergies. (eg., foods, medications, or environmental allergies).

2. List medications: including food supplements, modified diets or fluoride supplements currently being administered to the child.

3. List any chronic physical problems and any history of hospitalization.

4. List any diseases the child has had.

I do not give permission to Perry County Preschool to:

PARENTS SIGNATURE _____ **DATE** _____