

ST. THERESE EARLY EDUCATION CENTER
2012-2013 MEDICAL EMERGENCY FORM

Child's Name: _____

Child's Pediatrician: _____ Phone: _____

Pediatrician's Address: _____

FIRST AID

In the event of an emergency, I authorize the staff of St. Therese Early Education Center to provide any first aid care deemed necessary for my child.

Parent/Guardian Signature

Date

EMERGENCY CARE

In the event of an emergency in which I cannot be reached, the physician listed above and/or St. Luke's Northland Hospital or North Kansas City Hospital (**circle preference**) is hereby authorized to provide any emergency care deemed necessary for my child.

Parent/Guardian Signature

Date

HEALTH RECORDS TRANSFER

In the event of an emergency, I hereby authorize the transfer of my child's health records to the hospital of my choice.

Parent/Guardian Signature

Date

Is there any special information that would help the person caring for your child?

Child's allergies:

Medical Insurance Company Covering Child _____

Policy Holder _____

Policy# / Group# _____