TIMBER KIDDIES PRESCHOOL

EMERGENCY CONTACT/MEDICAL FORM

202_ 202_

Emergency Contacts (If parents cannot be reached)

Name Phone number during school hours Authorized Adult(Y/N)

1._____
2._____
3._____
4._____

Pediatrician: _____ Phone Number: _____

Allergies: _____

Medications/Special Conditions (asthma, etc.)

_____

_____

Medical information necessary in an emergency (explanation of recent hospitalizations, date of last tetanus/booster, past or present medical conditions).

_____

_____

_____

In case of an emergency, I authorize administration to take whatever emergency medical measures are deemed necessary for the protection of my child.

I will not hold administration financially responsible for the emergency care and/or transportation of my child.

_____ _____

Parent/Legal Guardian Signature Date

_____ _____

Parent/Legal Guardian Signature Date