

Emergency Plan

Eastridge Baptist Preschool
Director-Amy Mable

Childs Name (First, Middle, Last)

Date of Birth

In the event of an emergency who is the best person to call and what is the best number to reach them at?

Person

Relationship to child

Phone Number

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician:

Address

Phone #

Name of Emergency Care Facility

Address

Phone #

Please list any problems, conditions, illnesses, injuries, hospitalizations, allergies or long term prescription medications that your child has had in the last 12 months.

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature-Parent or Legal Guardian

Date