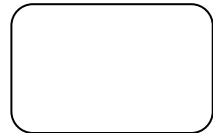


**EMERGENCY MEDICAL TREATMENT**  
2012-2013



In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be located, I give permission for Janis Rikard, Director of First Presbyterian Weekday School, (or other Weekday School personnel designated by the director in her absence) to authorize medical treatment for my child(ren). This is done with the understanding that every attempt will be made to contact first the parents, legal guardian, the child's physician, and other persons listed for emergency contact.

**Full name of each child:**

1 \_\_\_\_\_ 3 \_\_\_\_\_  
2 \_\_\_\_\_ 4 \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Medical Insurance Policy Holder's Name: \_\_\_\_\_

ID# \_\_\_\_\_ GRP# \_\_\_\_\_ Phone # \_\_\_\_\_

**RETURNING FAMILIES:** PLEASE MAKE CORRECTIONS/CHANGES ON CHILD INFORMATION SHEET/S INCLUDED IN THIS PACKET. You **DO NOT** need to fill in the information below.

**NEW FAMILIES ONLY: Please provide Emergency and Medical Contact Information**

We must have up to date emergency contact information for each family. **Please give us names of people who are likely to be available or who may be able to locate you.** Parents' administrative assistants at work are often very helpful.

We usually make calls in this order: (1<sup>st</sup>) home, (2<sup>nd</sup>) mother's cell phone, (3<sup>rd</sup>) mother at work, (4<sup>th</sup>) father's cell, (5<sup>th</sup>) father at work, (6<sup>th</sup>) names on your emergency contact list.

Child(ren)'s physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Name of Practice: \_\_\_\_\_

Hospital Preference:  CMC Hospital  Presbyterian Hospital  Other \_\_\_\_\_

List three persons (**one name per line**) we can contact ***if we cannot reach parents.***

**At least two should be local.**

These contacts will also have permission to pick up your child/ren:

<u>Name:</u>	<u>Phone Numbers:</u>	<u>Relationship:</u>
1. _____	cell _____	_____
	home _____	_____
	work _____	_____
~~~~~		
2. _____	cell _____	_____
	home _____	_____
	work _____	_____
~~~~~		
3. _____	cell _____	_____
	home _____	_____
	work _____	_____

**Please return by May 1**