

Zion Mennonite Nursery School - EMERGENCY PROCEDURE FORM

Student's Name: _____ Weight: _____ Height: _____

Address: _____ Date of Birth: _____

In case of an emergency, illness or accident to the student named above, the school is authorized to proceed in contacting those people indicated below:

1. Parent/Guardian: _____ Relationship: _____

Home or Work Phone: _____ Cell Phone: _____

2. Parent/Guardian: _____ Relationship: _____

Home or Work Phone: _____ Cell Phone: _____

Person who might be contacted if neither parent/guardian can be reached:

1. Contact: _____ Relationship: _____

Home or Work Phone: _____ Cell Phone: _____

2. Contact: _____ Relationship: _____

Home or Work Phone: _____ Cell Phone: _____

Medical Information:

Family Doctor: _____ Phone: _____

Family Dentist: _____ Phone: _____

Hospital Preference: _____

Insurance Carrier: _____ Policy/Group Number: _____

PLEASE INDICATE ANY ALLERGIES AND/OR MEDICATIONS THAT EMERGENCY CARE PROVIDERS NEED TO KNOW ABOUT:

His/her last tetanus immunization was: _____

In the event that I cannot be reached immediately in an emergency, I hereby give permission to the Director or Head Teacher to authorize emergency medical care or my child to paramedics or another physician to secure proper treatment for all emergencies.

Signature Parent/Guardian

Date