

Little Graces Emergency Care Card

Child's Name (First, Middle, Last): _____ Birth Date: _____ Sex: male female

Parent/Guardian Name: M _____ D _____ Place of Employment: M _____ D _____

Address: Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: M _____ D _____

Cell Phone: M _____ D _____ E-mail: _____

- ❖ Please list any **unauthorized** escorts: _____
- ❖ Allergies: _____
- ❖ Current Medications: _____

IN CASE OF AN EMERGENCY or in case school must be dismissed early (*usually for inclement weather*) we will contact you at one of the numbers listed above. Please also list two additional numbers (*in order of preference*) of a relative or friend who will assume temporary care if parents cannot be reached. We must be able to contact someone for each child.

1. Name: _____ Phone: H _____ C _____
2. Name: _____ Phone: H _____ C _____

Emergency Treatment Authorization

I, _____, hereby grant to Little Graces Preschool, its teachers or other appropriate employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parent's Signature _____ Date _____

Little Graces Emergency Care Card

Child's Name (First, Middle, Last): _____ Birth Date: _____ Sex: male female

Parent/Guardian Name: _____ Place of Employment: _____

Address: Street: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: M _____ D _____

Cell Phone: M _____ D _____ E-mail: _____

- ❖ Please list any **unauthorized** escorts: _____
- ❖ Allergies: _____
- ❖ Current Medications: _____

IN CASE OF AN EMERGENCY or in case school must be dismissed early (*usually for inclement weather*) we will contact you at one of the numbers listed above. Please also list two additional numbers (*in order of preference*) of a relative or friend who will assume temporary care if parents cannot be reached. We must be able to contact someone for each child.

1. Name: _____ Phone: H _____ C _____
2. Name: _____ Phone: H _____ C _____

Emergency Treatment Authorization

I, _____, hereby grant to Little Graces Preschool, its teachers or other appropriate employee or agent, authority to obtain emergency medical treatment for and on behalf of my child listed on this form. I authorize the providers of emergency medical care to take such steps as in their opinion are appropriate, considering the present state of medicine and in accordance with applicable standards of care.

Parent's Signature _____ Date _____

