

**ST. FRANCIS CRECHE
PERMISSION FOR EMERGENCY CARE**

Name of Student _____ Birthdate _____
(Last) (First)

Parent/Guardian _____

Address _____

Home Phone _____ Business Phone(s) _____ Cell _____

Parent/Guardian _____

Address _____

Home Phone _____ Business Phone(s) _____ Cell _____

Emergency Contact (Local) _____

Relationship _____ Phone _____

Parent/Guardian Insurance _____

Policy Number _____

Student's Physician _____ Phone _____

Is the student allergic to any medication? Yes _____ No _____

Is the student allergic to any foods? Yes _____ No _____

If yes, please specify: _____

Is the student under physician's care for health needs on a continuing basis?

Yes _____ No _____ if so, describe: _____

Is the student under medication or treatment on a continuing basis?

Yes _____ No _____ if so, describe: _____

A school staff member will communicate with parents to provide any necessary school assistance.

St. Francis Creche has my permission, in an emergency when I cannot be contacted, to take my child to the emergency room of the nearest hospital, or to call the rescue squad, which may then take my child to the nearest hospital; the rescue squad, the hospital, and its medical staff have my authorization to provide treatment that a physician deems necessary for the well being of my child.

Parent/Guardian Signature _____ Date _____

The original of this form shall be accessible in the school office and taken to the hospital with the student.