

EMERGENCY CARE INFORMATION

Child's Name _____

Parent _____

Mobile _____ Office _____

Parent _____

Mobile _____ Office _____

Physician's Name _____ Phone _____

Dentist's Name _____ Phone _____

Hospital Preference _____

If neither parent can be contacted, call:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

PLEASE LIST:

Allergies and/or physical handicaps _____

Any special testing or professional evaluations

Any medical conditions we should be aware of

Date of last physical check-up _____

Normal hearing/vision? _____

Explain any speech problems _____

In case of emergency, I authorize the staff of Hudson Memorial Preschool to provide and/or seek emergency medical care for my child.

Parent's Signature

Date