

STEPPING STONES PRESCHOOL
EMERGENCY CARE INFORMATION

Student's Full Name _____

Date of Birth _____ Boy Girl

Home Address _____

Mother's Name _____ Father's Name _____

Home # _____ Home # _____

Work # _____ Work # _____

Cell# _____ Cell# _____

Local Emergency Contact (other than parent)

1. Name & Relationship _____
Home # _____ Cell # _____

2. Name & Relationship _____
Home # _____ Cell # _____

MEDICAL INFORMATION

List any medications taken regularly and adverse effects:

List any allergies and accompanying reactions:

Is the student under a physician's continuing care? If yes, please explain:

The school has my permission in an emergency when I and my emergency contact cannot be reached, to send my child to the emergency room of the nearest hospital, and the hospital and its' medical staff have my authorization to provide any treatment which a physician deems necessary for the well-being of my child.

Parent Signature _____ Date _____