

Has Your Child Had:

- Asthma
- Bee Sting Allergy
- Corrective Lenses Prescribed
- Diabetes

- Epilepsy
- Hearing Problems
- Speech Difficulty
- Vision Problems

Allergies (Please Describe) _____

Is there other information relative to your child's health which we should know? _____

Is your child on medication or receiving treatment? _____

- If your child is injured at school, we will:
1. Call 911 if injury or illness warrants.
 2. Contact parent or emergency contact person if at all possible.
 3. Transport to hospital as needed - based on advice of medics on the scene.

EMERGENCY RELEASE

In the event of an accident to my child, _____, requiring immediate attention; I give my permission for St. Andrew's Employees and/or First Responders to administer First Aid and transport my child to the hospital for further medical treatment as is necessary. I will accept all medical expenses incurred.

Parent/Legal Guardian Signature

Date

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1. Call 911 if injury or illness warrants.
 2. Contact parent or emergency contact person if at all possible.
 3. Transport to hospital as needed - based on advice of medics on the scene.

EMERGENCY RELEASE

In the event of an accident to my child, _____, requiring immediate attention; I give my permission for Medic 1 to administer First Aid and transport my child to the hospital for further medical treatment as is necessary. I will accept all medical expenses incurred.

Parent/Legal Guardian Signature

Date

St. Andrew's Preschool — 540 School Street, Lacey WA
Emergency Information Card

PLEASE COMPLETE AND RETURN

Circle One to Indicate Class
T/Th AM
M/W/F AM M/W/F PM

Student's Name (Last) (First) Birthdate Parent's Cell Phone

Parent/Guardian Address City/Zip Code Home Phone

Father's Work & Address Father's Work Phone

Mother's Work & Address Mother's Work Phone

Emergency Contact Person's Name / Relationship to the child Phone

Physician Phone Preferred Hospital Phone

PLEASE COMPLETE OTHER SIDE

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