Sunrise Preschool
EMERGENCY MEDICAL INFORMATION & PROCEDURE FORM

Please fill out this form completely.

Student's Name: _____ Phone #: _____

It is occasionally necessary to contact a parent regarding a student emergency such as an accident or sudden illness. If an emergency occurs at school, or on a school-sponsored activity, efforts will be made to contact the parent/guardian. If the parent/guardian cannot be reached, an attempt to contact the identified emergency person and/or the family doctor will be made.

In case of serious illness or accident to my above named student, the school is hereby authorized to call or take him/her to the following doctor for emergency treatment:

Doctor: _____ Phone #: _____

If a doctor is not named, or if the named doctor cannot be reached, I hereby grant permission to any qualified physician or medical care center to provide emergency medical treatment for my child.

In the event that an injury or illness is so severe that immediate medical treatment is necessary, school officials will exercise good judgment by calling 911. The parent/guardian will be contacted as soon as possible.

PLEASE CONTACT YOUR TEACHER IF YOUR CHILD'S HEALTH STATUS CHANGES DURING THE SCHOOL YEAR.

If your child has health concerns, please complete this section. For the welfare of your student this information must be updated each school year or if there is a change during the school year.

Check any of the following that apply to your student:

____ Asthma
____ Diabetes
____ Heart Disease
____ Seizure Disorder
____ Bee Sting Allergy
____ None
____ Other Allergy (identify): _____
____ Other Special Condition(s):

The school needs to be aware of any special conditions that affect your student, such as hearing, vision, physical limitations, etc. For each condition, please describe as indicated below.

- State how the condition shows itself (what it looks like, time of year it may occur, cause)
- Explain if there is continuing concern, treatment, and/or medication

CONDITION: _____
How it shows itself: _____
Treatment and/or medication: _____
What steps you want the school to take: _____
_____

CONDITION: _____
How it shows itself: _____
Treatment and/or medication: _____
What steps you want the school to take: _____
_____

Parent/Guardian Signature: _____

Effective Date: _____ (Only effective for the school year in which the form is signed.)