

HOPE Preschool EMERGENCY INFORMATION

For Office Use Only

Allergy Alert _____

Class _____

Instructions: Please complete **BOTH** sections (Emergency Information **AND** Medical Release) and **SIGN**.

Name of child _____ Birthdate _____

Parent(s) Name(s) _____

Address _____
(Street) (City) (State) (Zip Code)

First Call for Emergency _____
(Relationship) (Cell) (Work)

Second Call for Emergency _____
(Relationship) (Cell) (Work)

LOCAL persons to call in case of an emergency when parents cannot be reached:

1. _____
(Name) (Relationship) (Home Phone) (Cell Phone)

2. _____
(Name) (Relationship) (Home Phone) (Cell Phone)

Person(s) **AUTHORIZED** to pick up child _____

Person(s) **NOT AUTHORIZED** to pick up child _____

Is this court ordered? _____ (If so, please supply documentation/photo.)

HOPE Preschool MEDICAL RELEASE

In case of a medical emergency arising at school, if neither parent can be reached and/or time is of the essence, we authorize the staff of HOPE Preschool to have our child, _____, transported to the emergency room and further authorize the medical staff of the hospital to administer treatment considered necessary for the well being of our child. We will assume financial responsibility for the cost of the ambulance and/or for treatment administered at the hospital. The child will be transported to Inova Loudoun Hospital.

Medical information/allergies concerning our child which should be known to the hospital includes:

In the event of accidental ingestion, I understand that HOPE Preschool will contact the Poison Control Center and follow their instructions.

Parent's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____