IMMACULATE CONCEPTION

PRE-KINDERGARTEN

EMERGENCY PROCEDURE
2017- 2018

Child's Name_____
Last First Middle

Parents' names: Mother_____

Father_____

Please complete using number to indicate the order of procedure to be followed in the event of illness or injury to your child while at school.

( ) Contact mother at _____
Phone number

( ) Contact father at _____
Phone number

( ) Contact _____at _____
Neighbor or relative Phone number

( ) Contact _____at _____
Physician Phone number

( ) Take child to nearest hospital: **YES_____ NO_____**

My child is allergic to _____

In case of a serious emergency to the above named child and, in the event, I cannot be reached by telephone, I hereby authorize a representative of the school to act in my child's best interest.

_____ _____
Parent/Guardian **Date**