

*Our Lady of Grace*  
**PRESCHOOL & KINDERGARTEN**

## Emergency Medical Permission

Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Address \_\_\_\_\_

PARENTS

TELEPHONE NUMBERS

\_\_\_\_\_ WORK: \_\_\_\_\_  
HOME: \_\_\_\_\_

\_\_\_\_\_ WORK: \_\_\_\_\_  
HOME: \_\_\_\_\_

EMERGENCY CONTACTS TELEPHONE NUMBERS

\_\_\_\_\_ PHONE: \_\_\_\_\_

\_\_\_\_\_ PHONE: \_\_\_\_\_

PHYSICIAN \_\_\_\_\_ PHONE: \_\_\_\_\_

DENTIST \_\_\_\_\_ PHONE: \_\_\_\_\_

LAST DPT: \_\_\_\_\_ ALLERGIES: \_\_\_\_\_

MEDICATIONS: \_\_\_\_\_

OTHER SIGNIFICANT MEDICAL INFORMATION \_\_\_\_\_

I give permission to OUR LADY OF GRACE SCHOOL to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of \_\_\_\_\_ (Parent/Guardian).

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_  
(Parent/Guardian)

*\*To be kept by telephone and taken on all field trips. Programs providing transportation should carry duplicate set in vehicle.*

*\*Be sure you keep this information up to date at all times. Please notify the office if there is a change.*