

# Haygood Preschool Emergency Information

Child's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_ Birth Date \_\_\_\_\_  
\_\_\_\_\_ Zip Code \_\_\_\_\_  
Home Phone \_\_\_\_\_ Email \_\_\_\_\_  
Parents Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Parents Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Other Caretaker Name \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Allergies \_\_\_\_\_  
Medication taken regularly and reason for use \_\_\_\_\_  
\_\_\_\_\_  
Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

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## Procedures for Medical Emergencies

In case of a severe injury or illness, the Director, Administrative Assistant or classroom teacher will first call 911 then she will call the parent and make them aware of the emergency. If the parents or an emergency contact person are unavailable, the Director or appointed staff member will follow the emergency vehicle to the hospital.

If the injury is not serious enough to warrant a call to 911, but does require immediate medical attention, (and the parent or emergency contact person cannot be reached) two staff members will transport the child to Egleston Hospital.

All minor injuries will be handled in house. If a minor illness occurs, the parents (guardian) or emergency contact person will immediately be contacted. If no emergency contact is available, the child will remain in the Director's office or the classroom until school is over or until a parent or emergency contact person can be reached.

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### If Parents cannot be reached-Persons who may be called in an emergency (These people have my permission to take my child from the Preschool)

Name	Address	Phone	Relation
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

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### Physician to be called in case of emergency

Physician's Name \_\_\_\_\_ Telephone \_\_\_\_\_

# Waiver of Liability

It is mutually understood that in the event of an accident or illness of my child while in the care of Haygood Preschool, the staff shall use their best efforts to contact the parents. In the event that the parent is not immediately available, however, the staff is authorized to secure such medical care as the situation may reasonably warrant.

It is agreed that where the school has acted in good faith to comply with an accident/illness of my child, any and all liability as might exist, is expressly waived by the parent.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
Date

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## Authorization to Consent for Treatment to a Minor Child

I, \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
(Name of Parent or Guardian) (City) (State)

\_\_\_\_\_ do hereby state that I am the natural parent or legal  
(County)

Guardian having legal custody of \_\_\_\_\_  
(Child's Name)

who resides with me at \_\_\_\_\_  
(Address)

I authorize my child's teacher, Director of Preschool or Director of Haygood Weekday Children's Ministries, to consent to x-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the State of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent is unsuccessful. This authorization applies only during the hours my child is attending Haygood Preschool. If such a situation, I understand medical care as the situation may reasonably warrant, will be secured.

Dated the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Signature of Parent or Guardian)