

2010-2011 EMERGENCY CARE INFORMATION

IN CASE OF AN EMERGENCY, AND IT BECOMES NECESSARY TO CALL A PHYSICIAN OR OTHER HEALTH CARE PROVIDER, OUR FAMILY

Physician Name: _____ Phone: _____

Dentist Name: _____ Phone: _____

If we are unable to contact the parent and/or the child's condition requires immediate care, permission is hereby given to arrange for emergency medical treatment in keeping with West Virginia State and Harrison County Board of Education Policies and Regulations.

Signature of Parent/Guardian

Date

In order to ensure the best possible care for your child, please list any medical conditions your child has or accommodations that may be needed

and any medications taken either at home or at school _____

In order to safeguard your child, we need your assistance in providing names of those to whom the center may release your child. If parents are separated or divorced, please include a copy of the total court order awarding custody of the child. Please do not call the office to change this form. You must stop at the administrative office (school office) and submit a new form to change the below information. Photo Identification may be required.

1. Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

2. Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

3. Name _____ Relationship _____ Home Phone _____ Work Phone _____ Cell Phone _____

Directions to your home (address, description, etc.). This is to assist us in scheduling home visits.

