

Sacred Hearts Nursery School

160 W. Carpenter Lane, Philadelphia, PA 19119 Tel. 215-843-2266

Emergency Medical Permission:

Name: _____ Birthdate: _____

Address: _____

Parent: Name: _____

Work Number: _____ Home Number: _____

Parent: Name: _____

Work Number: _____ Home Number: _____

Emergency Contacts telephone Numbers:

_____ Phone: _____

_____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Last DPT: _____ Phone: _____

Medications: _____

Other significant medical information: _____

I give permission to Sacred Hearts Nursery 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 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 parents' behalf.

Parent/Guardian signature: _____ DATE: _____

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

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