

IMMACULATE CONCEPTION

PRE-KINDERGARTEN

EMERGENCY PROCEDURE

2019- 2020

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