

## Summit Preschool Emergency Information & Transport Permission



Student Full Name _____		Date of Birth _____	
Medical and Dental Information:			
Doctor/Physician		Dentist	
Doctor Name _____	Dentist Name _____		
Address _____	Address _____		
City _____	City _____		
Phone _____	Phone _____		
Allergy & Medication Information:			
Allergies: NO			
YES: please list all allergies _____			
Reactions/Recommended treatment if severe: _____			
Medications: Yes No			
Describe below medicine your child takes regularly:			
Name of medication: _____		Name of medication: _____	
taken for: _____		taken for: _____	
how often: _____		how often: _____	
at what time: _____		at what time: _____	

### Emergency Contact Names & Phone Numbers

Parent Name _____	Phone # _____	
Parent Name _____	Phone # _____	
Emergency Contact Name #1 <small>(Other than the parent)</small>	Phone # _____	
Address _____	Relationship to child _____	
Emergency Contact Name #2 <small>(Other than the parent)</small>	Phone # _____	
Address _____	Relationship to child _____	
HEALTH CONDITIONS: Please check any that your child has had		
Allergies	Anaphylactic reaction	Asthma or Wheezing
ADD/ADHD	Behavior/Emotional concerns	Birth/congenital malformations
Blood problems	Bone/joint problems	Bowel problems/constipation
Cancer	Chickenpox	Cystic Fibrosis
Diabetes	Ear Problems/poor hearing	Eye problems/poor vision
Frequent headaches	Frequent sore throats	Feeding concerns-swallowing
Heart Disease	Hepatitis	Juvenile Arthritis
Kidney disease	Lice concerns	Meningitis/Encephalitis
Seizures/Epilepsy	Toothaches/dental	Urinary tract infections

### Permission to Transport in Emergency

<p>YES, I give permission to Transport Summit Preschool has Permission to secure emergency transport for my child in the event of illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.</p> <p>No, I DO NOT give permission to Transport Summit Preschool DOES NOT have Permission to secure emergency transport for my child in the event of illness or injury which requires emergency treatment. Take the following action instead:</p>	<p>Parent Signature _____</p> <p>Date _____</p>
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\*Emergency contacts must be available and willing to pick up your child if we are unable to reach you in the event of an emergency. They must have reliable transportation and booster/safety seat.