



Big Flats Preschool

Medical Emergency Form

_____ Child's Name	_____ Date of Birth	_____ Class	_____ School Year
_____ Mother's Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone
_____ Father's Name	_____ Home Phone	_____ Work Phone	_____ Cell Phone

Known medical conditions: _____

Allergies: _____

Child's Physician: _____ **Phone:** _____

Medical Insurance Company: _____ **ID #:** _____

Preferred hospital: _____

In the event of an allergic reaction or medical emergency, I authorize the staff of Big Flats Preschool to care for my child in the following manner:

- 1. To administer First Aid/CPR.**
- 2. To provide and obtain emergency medical treatment as deemed reasonably necessary by the Big Flats Preschool staff.**
- 3. To have my child transported by EMS vehicle to a local emergency facility.**

I understand that this authorization is given to avoid unnecessary delay in emergency treatment of my child which the preschool staff or a physician may deem necessary in the exercise of his/her best judgment. If deemed necessary, I authorize the preschool staff to activate the protocols and procedures on this form, and authorize a physician to provide treatment in the event that I am unable to be reached. Big Flats Preschool staff will make reasonable attempts to contact me in the event of an allergic reaction or medical emergency, however I also understand that there may be events the necessitate immediate initiation of protocol or seeking emergency medical treatment that take priority over contacting me first, and I hereby authorize and direct that Big Flats Preschool staff carry out the same for the best interest of my child.

I hereby agree to release, defend, indemnify and hold harmless, Big Flats Preschool, their administration, staff and volunteers, from any actions taken in good faith performance of the action contemplated herein, and for any costs, damages, penalties, or claims incurred, including but not limited to their reasonable attorney fees that may be incurred and arising out of this agreement, even as to claims made by me against them, and for all costs relating to medical treatment, medicines, medical devices, and transportation and treatment of child arising out of allergic reactions, medical/first-aid treatment, or any medical emergencies.

I hereby certify that I am the parent/guardian of the above-named child and am authorized to provide this information, and the consents and agreements given herein.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date