



# Islesboro Preschool

## Health Care Permission Information

Child's name: \_\_\_\_\_ Birth date \_\_\_\_\_

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

### **In the event of an emergency, please contact:**

1. \_\_\_\_\_ Phone: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_

3. \_\_\_\_\_ Phone: \_\_\_\_\_

4. \_\_\_\_\_ Phone: \_\_\_\_\_

**Medical Information: Please be specific. This could be vital in an emergency.** Use the back if necessary.

1. Medical conditions:

2. Medications being taken:

3. Allergies to medications:

4. Any other allergies:

**In the event of illness:**

These people have permission to pick up and transport my child. They also have my permission **to assume responsibility and care of my child** , if I cannot be reached:

_____	phone_____
_____	phone_____
_____	phone_____
_____	phone_____

In case of accident or illness, I authorize the staff to provide first aid care deemed necessary for my child.

In the event of an emergency in which I cannot be reached, the Islesboro Health Center, emergency medical services or the physician listed above are authorized to give emergency care deemed necessary to treat and transport my child.

Parent/Guardian Signature: \_\_\_\_\_

Parent/Guardian (Print Name): \_\_\_\_\_

Date:\_\_\_\_\_