



SALEM

— PRESCHOOL —

Caring, Christian Environment for Your Child's Early Learning

EMERGENCY AUTHORIZATION FORM

_____ School Year

Child's Name: _____ Birth Date: ___ / ___ / ___

Address: _____

City/State/ZIP _____

Home phone : _____

Mother's Name _____ Father's Name: _____

Employer: _____ Employer: _____

Work phone: _____ Work phone: _____

Cell phone: _____ Cell phone: _____

Special instructions on how to reach parents while child is in school: _____

Out of state contact (in case of natural disaster): _____

Relationship: _____ Home phone: _____

Work phone: _____ Cell phone: _____

Child's physician: _____

Clinic or Hospital address: _____

Phone: _____

Child's dentist: _____

Dentist's address: _____

Phone: _____

Does child have any allergies? Yes ___ No ___

Yes If yes, please list: _____

Please list any medical conditions of which Salem staff should be aware:

Special instructions if child is injured or ill

Medical Release

I authorize Salem, Woodbury, MN to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that 911 will be called to take my child to my preferred hospital _____ if possible, or to the closest available facility.

_____/_____/____

Parent/Guardian's signature

Date

Medical Emergency Contact and Emergency Pick-Up Information

Please list **two** people Salem Staff can call who will assume responsibility for your child in a medical emergency should a parent be unavailable or who will pick up your child when it is after closing time and we are unable to reach a parent:

Name : 1) _____ 2) _____

Address: _____

Home phone: _____

Cell phone: _____

Work phone: _____

Please list **people who may NOT pick up your child**: _____

(If this is a parent, attach a copy of the custody document)