



## Christ United Methodist Preschool Emergency Information

I hereby give permission for Christ United Methodist Preschool to take whatever steps necessary to obtain medical care for my child if warranted. These steps may include, but are not limited to the following:

1. In an emergency, call 9-1-1 for medical care and possibly an ambulance to the hospital
2. Attempt to contact parent/guardian
3. Attempt to call child's physician (listed below)

Keep in mind that any expenses incurred in seeking emergency medical care are the responsibility of the Parent/Guardian. Also, the school cannot be responsible for anything that may happen as a result of false medical or personal information given at the time of enrollment.

<b>Child's name</b>		
<b>Birthdate</b>	<b>Age</b>	<b>Weight</b>
Address		
City	State	Zip
<b>Custodial Parent/Guardian's Name</b>		
Cell Phone		Work or Home Phone
<b>Second Custodial Parent/Guardian's Name</b>		
Cell Phone		Work or Home Phone
<b>1 Primary Emergency contact (other than parent/guardian above)</b>		
Person		Phone
Address		
<b>2 Emergency contact</b>		
Person		Phone
Address		
<b>3 Emergency contact</b>		
Person		Phone
Address		
<b>Medical Information</b>		
Known allergies to medications and other substances-		
Known medical conditions of child –		
Medications child takes regularly-		
Hospital preference:		
Insurance carrier:		
Group number:		
Policy/individual number:		
<b>Child's doctor</b>		Phone
Address		
<b>Child's dentist</b>		Phone
Address		

**Emergency Phone Numbers**

<b>Fire</b>	9-1-1
<b>Police Dispatch</b>	270-2411(non-emergency)      9-1-1 (emergency)
<b>Poison Control</b>	1-800-222-1222
<b>Child Abuse Hotline</b>	1-800-96-ABUSE
<b>Health Department</b>	253-1780
<b>Animal Control</b>	270-2411
<b>Beaches Baptist Hospital</b>	627-2900
<b>Red Cross</b>	358-8091

**Christ United Methodist Preschool Pickup Authorization**

Other than the emergency contact people listed first, please list any other people authorized to pick your child up from CUMP.

I also give permission for my child to be picked up at Christ United Methodist Preschool by:

Name	Phone
Name	Phone
Name	Phone

**I DO NOT GIVE PERMISSION TO**

Name	Phone
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**Consent for Care**

I agree that **CUMP** may authorize the physician of choice to provide emergency care in the event that neither I nor the family physician can be contacted immediately.

<b>Signature of Parent or Guardian</b>	<b>Date</b>
<b>Director's signature</b>	<b>Date</b>

It is the parent/guardian's responsibility to update this form when new information is known about their child.