First Kids EMERGENCY FORM

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the *First Kids* facility's director or person in charge to take my child to: _____

If hospital is not listed then the child will be transported to Bellville Medical Center located at 44 N. Cummings in Bellville.

Child's Name _____ Child's Date of Birth _____

Child's Address _____ City _____ Zip _____

Name of licensed physician _____

Name of hospital or clinic _____

Address of hospital or clinic _____

Phone number of licensed physician _____

My child is allergic to medication ( ) Yes ( ) No If yes please list the medication_____

_____

Mother's Work Number _____ Mother's Cell Number _____

Father's Work Number _____ Father's Cell Number _____

Please list authorized persons to call in case parents cannot be reached to come to the preschool/hospital/clinic.

Authorized Person _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

Authorized Person _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

Authorized Person _____ Relationship _____

Home Number _____ Work Number _____ Cell Number _____

I give consent for necessary emergency treatment when my child is in care at this physician/hospital/clinic.

Signature – Parent or Legal Guardian_____ Date _____

(August 2023)