

EMERGENCY INFORMATION & MEDICAL RELEASE INSTRUCTIONS

The Emergency Information and Medical Release Form is BHCP's lifeline to you in the event that your child becomes ill at school, is injured and requires further medical attention, or if the school must close early in response to a weather situation or other evacuation emergency. It also authorizes BHCP to seek immediate medical attention for your child if required. Please complete the entire form.

BHCP Medical Release Authorization

If our daughter/son _____ should need any form of emergency medical or dental treatment, including medication, hospitalization or surgery while attending Beverley Hills Church Preschool from September, 2015 through May, 2016, Beverley Hills Church Preschool will attempt to reach the parents or other designated emergency contacts.

If neither parent can be reached, we give our permission for any form of emergency medical or dental care and treatment to save our child. This care treatment shall include, but is not limited to, the transportation by ambulance or emergency vehicle, the administration of emergency medical procedures including surgery, the admission to an authorized place of treatment for the purpose of administering treatment, the administration of drugs or other medication and any other assistance deemed necessary and appropriate.

Prior to the administration of care, all reasonable effort should be made to contact our child's personal physician or dentist indicated below, but not to the exclusion of administration of necessary care and treatment as stated above.

Signature of Parent or Guardian _____ Date _____

Emergency Information Form Instructions

Please give careful consideration when selecting your emergency contacts. We must have reliable contacts who can respond quickly to the situation at hand. If your child has a caregiver, please make sure that we have a phone number that the caregiver will answer during school hours.

Please list your local contacts in the order that you wish us to contact them. Our normal procedure in these situations will be to start with the parents. If neither parent is available, we will leave a message with each and go on to the next name on the list. We will continue until we find a party who is available to pick up the child.

The out-of-town contact should be someone who lives outside the metropolitan D.C. area and could be contacted in case of a catastrophic situation. If any of the information on this form changes in the course of the school year, please notify the BHCP office.

****OVER****

If you are a returning BHCP family, we have attached a listing of the current emergency information for your child in our database. If all the information on the card is correct, please initial the card and sign below. Please cross out incorrect information and provide the corrected information below.

Please check one:

- The attached information contains NO changes.
- YES, there are changes made to the attached information.

Signature

Date

Parent Emergency Information

Child's Name

Class

Date of Birth

Address

Home Phone

Parent #1/Guardian Name

cell and work phone numbers and email

Parent #2/Guardian Name

cell and work phone numbers and email

Local Emergency Contact Information. We must have the names, best phone numbers, and addresses of two people who are able to quickly pick up and care for your child in the event you cannot be reached (nanny, parent of classmate, friend, neighbor, etc.)

1.

Name (relationship)

Best Phone Number(s)

Address

2.

Name (relationship)

Best Phone Number(s)

Address

****NEXT PAGE****

Out of Town Emergency Contact.

1. _____
Name (relationship) Best Phone Number(s)

Address Best Email

Medical Care Information

Physician's Name Phone

Dentist's Name Phone

Insurance Company Phone

Policy Holder's Name Policy Number

Other Health Conditions & Allergy Notice

Allergies to Medication, Foods, Animals or Insects

Please be specific about your child's reaction to the allergen (severity, treatment required). Please distinguish between allergies that may have serious health implications versus food or insect sensitivities. For children with severe food allergies, parents may be required to provide personalized snacks for their child, in order to ease snack preparation by all of the co-op parents. Please complete an Individualized Health Care Plan (IHCP), which is found on the BHCP website under Health and Safety Forms, if an allergic reaction might result in a medical emergency OR if your child requires life-saving medications to be kept at school in case of emergency. Note: BHCP administers medications for life-threatening conditions only, e.g., an epi-pen for a peanut allergy, etc.) If you have any questions about IHCPs please reach out to our Health Chair, Susan Spies, at health@bhcpnet.org.

ALLERGY	REACTION	TREATMENT

****OVER****

Other Health Conditions

Describe any limitations or related concerns. Please furnish any information you feel would be helpful in treating your child in an emergency including such things as pertinent medical history, previous accidents or emergencies, child's reaction to treatment and successful calming approaches used by adults with your child. Use a separate sheet of paper if you need more room.