

Dunwoody United Methodist Church Preschool
1548 Mount Vernon Road
Dunwoody, GA 30338
770.394.2555 Preschool@dunwoodyumc.org

Class _____
Teacher _____

EMERGENCY CONTACT INFORMATION

Child's name _____ Birth date _____

Mother's name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Father's name _____ Home Phone _____ Cell Phone _____ Work Phone _____

Pediatrician _____ Phone _____

Sitter's name _____ Cell Phone _____

ALLERGY ALERTS

Medications taken regularly and for what use

Insurance Company _____ Policy # _____

EMERGENCY CONTACTS DUMCP will always try to contact parents first in an emergency. In my absence, the following people have my permission to act on my behalf to seek care or emergency treatment for my child:

Name	Relationship to child	Home Phone & Cell Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

CHILD RELEASE INFORMATION

I authorize that my child may be released by DUMCP to the following person(s):

Name	Relationship to child	Home Phone and Cell Phone
1) _____	_____	_____
2) _____	_____	_____
3) _____	_____	_____
4) _____	_____	_____

See second page for Waiver of Liability and Authorization to Consent for Treatment of a Minor Child

PROCEDURES FOR MEDICAL EMERGENCIES

In case of a severe illness or injury, the Director or a member of the Preschool Office Staff will first call the DeKalb Emergency Medical Squad (911). The parents will be called the parent and make them aware of the emergency. If the parents or emergency contact person are unavailable, the Director or Preschool Office Staff member will follow the emergency vehicle to the hospital.

If the injury is not serious enough to warrant a call to 911, but does require immediate medical attention and the parents or emergency contact cannot be reached, transportation to Children’s Healthcare of Atlanta will be provided by ambulance.

All minor injuries will be handled in house. If a minor illness occurs, the parents (guardian) or emergency contact person will immediately be contacted. The child will remain in the Director’s office or the classroom until dismissal or until a parent or emergency contact has arrived.

WAIVER OF LIABILITY

It is mutually understood that in the event of an accident or illness involving my child while in the care of DUMC Preschool, the staff shall use their best efforts to contact me. In the event I am not immediately available, the staff is authorized to secure such medical care as the situation may reasonably warrant.

It is agreed that where the school has acted in good faith to comply with an accident or illness involving my child, any and all liability as might exist, is expressly waived by me, the parent or guardian.

Parent or Guardian Date Signed

AUTHORIZATION FOR CONSENT FOR TREATMENT OF A MINOR CHILD

I, _____ of _____, _____,
City State
_____, do hereby state that I am the natural parent or legal
County guardian, having legal custody of _____ who resides
Child’s name
with me at _____
Address

Home phone Work phone Cell Phone

I authorize my child’s teacher, the Director or the Office Staff of DUMC Preschool, Dunwoody, GA to consent to x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to the minor under the general or specific supervision and advice of a physician or surgeon licensed to practice medicine in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact either parent or guardian is unsuccessful. This authorization applies only during the hours my child is attending DUMC Preschool. If such a situation should arise, I understand medical care, as the situation may reasonably warrant, will be secured.

Dated the ____ day of _____ 2010 Signature of Parent/Guardian