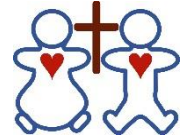


Living Savior Preschool
Living Savior Lutheran Church
5500 Ox Road, Fairfax Station, VA 22039
www.livingsaviorpreschoolfairfaxstation.org
(703) 352-4208



EMERGENCY MEDICAL CARE INFORMATION

Name of Child _____ Date of Birth _____
Address _____ City _____ State _____ Zip _____
Child's Home Phone _____
Father's Name _____ Mother's Name _____
Address _____ Address _____
City _____ State _____ Zip _____ City _____ State _____ Zip _____
Home Phone _____ Home Phone _____
Work Phone _____ Work Phone _____
Cell Phone _____ Cell Phone _____

Is your child under the supervision of a caregiver, i.e., nanny, au pair, or grandparent during school hours?

Yes _____ No _____ If yes, please list:

Name: _____ Phone _____

Address: _____ Cell Phone _____

Please list **two individuals, other than parents**, that we may call to pick up your child in case of emergency or sudden illness when parents cannot be reached. These individuals must also have access to your child's health information.

1) Name _____ Phone _____

Address _____ Cell Phone _____

2) Name _____ Phone _____

Address _____ Cell Phone _____

Child's Physician: _____ Phone _____

Child's Health Insurance: _____ ID # _____

Emergency Hospital Preference _____

Does your child have any allergies or intolerance to food or other substances?

Yes _____ No _____ If yes, please list. _____

Is medication, i.e., epi-pen, inhaler, Benadryl, or emergency medical attention necessary? If yes, please list.

_____ In addition, a **Written Medication Consent**

Form must be completed and signed by a physician and on file with LSP, before your child may begin school. Also, all medications must be provided and in their original packaging with prescription labels attached. (**Please see LSP office for necessary paperwork.**)

May we post your child's name and allergy information in the child's classroom and snack area? Yes _____ No _____

Please list any other serious health conditions which would require our attention:

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities in and around the school grounds. I hereby grant permission for my child to participate in planned field trips. I hereby grant permission for the Director or acting personnel to obtain necessary emergency medical care. These steps may include, but are not limited to, the following: a.) Administer appropriate First Aid or CPR as needed by certified staff. b.) Attempt to contact a parent, the child's physician or persons listed above. c.) If we cannot contact you or your child's physician we may do any or all of the following: (1) call an ambulance; (2) have the child taken to the nearest hospital in the company of a staff member. In case of emergency or sudden illness, I hereby agree to pick up my child as soon as possible upon being contacted by LSP. I agree to update all emergency and contact information when necessary.

Parent or Guardian

Date