



Emergency Procedures 2011-2012

Student's Name _____

Address _____

LIST ANY KNOWN ALLERGIES:

Food _____

Medications: _____

LIST ANY HEALTH PROBLEMS: _____

EMERGENCY CONTACT:

In case of an emergency, illness, or accident to the student named above, the school will attempt to make contact with persons in the following order:

Name

Phone number

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

Circle: Father/Mother/Family member/Friend

Circle: Home/Work/Cell

EMERGENCY MEDICAL CARE:

The staff of Preschool at Trinity (Trinity Lutheran School) are authorized to administer emergency medical care for my child, _____, in the event of an emergency and we the parents/guardians are unable to be contacted.

Signature of parent or guardian _____ Date _____

IPECAC SYRUP:

Ipecac Syrup will be kept in the preschool’s first aid kit. Parental permission is required by the State of Minnesota to administer the Ipecac Syrup.

My child, _____, has permission to be given Ipecac Syrup in the event of an emergency requiring it at Trinity Lutheran School, Fergus Falls, Minnesota. The Poison Control Center will be contacted prior to use of Ipecac Syrup.

Signature of parent or guardian _____ Date _____

EMERGENCY WEATHER EVENT OR SCHOOL CLOSING:

Person and home to go to in case of a sudden weather event or emergency school closing:

Name	Phone	Address
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RELEASE OF STUDENT:

Please list the person(s) authorized **TO TAKE** your child from the school. DO NOT list parents.

Name	Phone	Address	Relationship
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Name	Phone	Address	Relationship
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Name	Phone	Address	Relationship
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Please list names and addresses of person(s) who **MAY NOT TAKE** your child from the school.

Name	Phone	Address	Relationship
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Name	Phone	Address	Relationship
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State below any other information you wish to give to assist us in caring for your child.

The information asked for above does not seek to invade your privacy, but rather to help us in working with your child. If there is any information requested which you feel the school has no right to ask, please feel free to leave the space blank.

Signature of parent or guardian _____ Date _____