



ST. SAVIOUR'S CHRISTIAN PRESCHOOL  
EMERGENCY INFORMATION

Child's Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

Parent Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_ Bus: \_\_\_\_\_

Out of Province Emergency Contact: \_\_\_\_\_ Phone: (    ) \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Date of Most Recent Tetanus Shot: \_\_\_\_\_

Care Card Number: \_\_\_\_\_

Medical Conditions / Allergies: \_\_\_\_\_

Medications: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

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EMERGENCY CONSENT FORM

*It is the policy of the St. Saviour's Christian Preschool to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.*

*Please sign below so that we can take appropriate action on behalf of your child. Return the signed form to the St. Saviour's Christian Preschool immediately.*

\_\_\_\_\_

I hereby give consent for my child \_\_\_\_\_ when ill to be taken to the nearest emergency center by the staff of St. Saviour's Christian Preschool when I cannot be contacted. I consent to an ambulance being called to transport the child, if necessary.

\_\_\_\_\_ Date

\_\_\_\_\_ Signature of Parent / Guardian