

Villa Divino Amore Preschool

117 Hope Street · Stamford, CT 06906 · Phone:(203) 324.2449 · Fax:(203) 504.8670

EMERGENCY MEDICAL PERMISSION

Child's Name: _____ Birthdate: _____

Address: _____
(City) (State) (Zip)

Parent(s)/Legal Guardian Contact Information

Mother's Name: _____ Father's Name: _____

Work Phone: _____ Work Phone: _____

Mobile Phone: _____ Mobile Phone: _____

Other: _____ Other: _____

Emergency Contacts Telephone Number

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Insurance: _____ Policy No.: _____

Telephone: _____

Last Dpt: _____

Medications: _____

Other Significant Medical Information: _____

I give permission to **Villa Divino Amore Nursery School** to make whatever emergency, (e.g. first aid, disaster evacuation) measures as judged necessary for the care and protection of my child while under the supervision of the School.

In case of medical emergency, I understand that my child will be transported to an appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. The child will be transported at the expense of parent/guardian. _____ **(Please initial)**

It is understood that in some medical situations, the staff will need to contact the local emergency resource before the parent, child's physician, and/or other adult acting on the parent's behalf.

If there are any changes in the above mentioned, you are to notify us immediately.