**EMERGENCY MEDICAL CARE INFORMATION FORM**

CHIL’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PRESCHOOL\_\_\_\_\_ EXTENDED PRESCHOOL\_\_\_\_\_

PARENT’S/GUARDIAN’S NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FRIEND, RELATIVE OR NEIGHBOR \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(to call if neither of above can be reached)

INFORMATION FOR PARENTS

IN THE EVENT OF A MEDICAL EMERGENCY INVOLVING YOUR CHILD THE FOLLOWING PROCEDURE WILL TAKE PALCE:

1. Harper Health Services will be called and a nurse immediately dispatched.
2. Parent or substitute listed above will be called. Parents on campus will be called out of class.
3. The nurse will determine whether paramedics should be called.
4. If the child’s teacher determines that the situation is life threatening, step 1 (above) will be eliminated and Harper’s Public Safety Department will be called and paramedics immediately dispatched.
5. Paramedics will respond from either Rolling Meadows or Palatine.
6. The child will be taken to Northwest Community Hospital in Arlington Heights (most likely).
7. Following emergency treatment, the physician named below will be called.

I HAVE READ THE ABOVE INFORMATION AND AUTHORIZE THE EARLY CHILDHOOD LABORATORY SCHOOL OF HARPER COLLEGE STAFF TO SECURE EMERGENCY MEDICAL CARE FOR MY CHILD IF IT BECOMES NECESSARY TO DO SO.

PHYSICIAN \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ PHONE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I understand that I/We will be responsible for emergency medical charges.

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_

PARENT/GUARDIAN SIGNATURE \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DATE \_\_\_\_\_\_\_\_\_\_