**EMERGENCY MEDICAL CARE INFORMATION FORM**

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

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

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

INFORMATION FOR PARENTS

In the event of a medical emergency involving your child, the following steps will be taken to ensure immediate and appropriate care:

1. **Immediate Response**
If a teacher determines that the situation is life-threatening, 911 and Harper’s Public Safety Department will be called without delay. Paramedics will be immediately dispatched.
2. **Parent/Guardian Notification**
The child’s parents or designated emergency contacts will be notified as soon as possible.
3. **Paramedic Response**
Paramedics will respond from the nearest available location, typically Rolling Meadows or Palatine.
4. **Hospital Transport**
The child will most likely be transported to Northwest Community Hospital in Arlington Heights for emergency treatment.
5. **Physician Contact**
After emergency care has been provided, the physician listed on the child’s medical record will be contacted regarding further treatment or follow-up care.

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 \_\_\_\_\_\_\_\_\_\_