MEDICAL EMERGENCY FORM

CHILD(REN)'S NAMES _____ **Academic Year: /**

Allergies: _____ **Medications:** _____

PARENTS/GUARDIANS

Name: _____ **Phone Number: ( ) -**

Name: _____ **Phone Number: ( ) -**

AUTHORIZED ADULTS
In addition to the above listed parents/guardians, Da Vinci International School is authorized to release my child ONLY to the individuals below.
↓ check ☐ to designate as EMERGENCY CONTACT if parents are unreachable.

☐ **Name:** _____ **Phone: ( ) -** **Relation:** _____

☐ **Name:** _____ **Phone: ( ) -** **Relation:** _____

☐ **Name:** _____ **Phone: ( ) -** **Relation:** _____

☐ **Name:** _____ **Phone: ( ) -** **Relation:** _____

☐ **Name:** _____ **Phone: ( ) -** **Relation:** _____

INSURANCE INFORMATION ☐ **Self Pay**

Provider:_____ **Policy #:**_____

FIRST AIDE
In the event of a medical emergency, I authorize the faculty/staff of Da Vinci International School to provide any first aide deemed necessary for my child(ren).

Signature: _____ **Date:** _____

EMERGENCY CARE
In the event of a medical emergency during which I cannot be reached, the below listed physician and/or hospital as well as any emergency paramedics are hereby authorized to provide any first aide deemed necessary for my child(ren).

Preferred Physician: _____ **Phone Number: ( ) -**

Preferred Hospital: _____

Signature: _____ **Date:** _____

HEALTH RECORD TRANSFER
In the event of a medical emergency, I hereby authorize the transfer of my child's records.

Signature: _____ **Date:** _____

The Da Vinci International School is a community oriented preschool. Da Vinci International School does not discriminate on the basis of race, color, sex, religion, national origin, age, or disability in any employment practice, educational program or any other program, activity, or service.