

**Tabernacle Learning Center for Preschoolers
Emergency Care Information
2010/2011**

Name of Child's Doctor _____ Office Phone _____
Address _____
Name of Child's Dentist _____ Office Phone _____
Address _____
Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, please list three people who can be contacted:

Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____

If you cannot pick up your child, please give the name of three people whom your child can be released to:

Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____
Name _____	Relationship _____	Phone Number _____

I agree that the director or alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Signature of Parent)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

(Signature of Director)