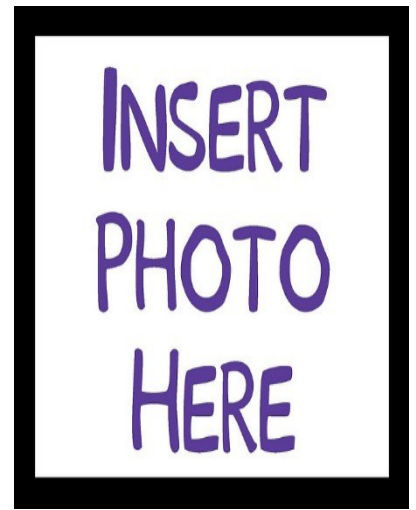


Edgewood Preschool Cooperative

Emergency Consent Form

In the event of an emergency requiring medical attention to my child, EPC will attempt to contact me immediately. If emergency medical treatment is necessary, I authorize EPC to administer CPR and First Aid. In the event that I cannot be reached or where delay may endanger my child, I also authorize EPC to summon professional emergency personnel to attend and treat my child and to transport my child to the nearest hospital emergency room. I consent to treatment by a licensed physician or surgeon, consent to x-ray exam, anesthetic, medical diagnosis and treatment, hospital care, the administration of drugs or medication, and/or any other necessary emergency medical treatment until I am able to communicate with health care providers. I agree to pay all costs and expenses associated with medical treatment and transportation secured through this authorization.



Signature: _____ **Date:** _____

Student's Name: _____

Weight: _____ Height: _____

Chronic Illnesses: _____

Allergies: _____

Current Medications: _____

Other Health Information: _____

Physician Name and Number: _____

Dentist Name and Number: _____

Health Insurance Company: _____

Hospital Preference: _____

Home address of parent/guardian: _____

Home Phone Number: _____ Cell Phone Number: _____

1st Emergency Contact: _____ Phone Number: _____

Additional Emergency Contact: _____ Phone Number: _____



Edgewood Preschool Cooperative

4040 E. Thompson Road

Indianapolis, IN 46237