



St. Paul Preschool

A ministry of St. Paul United Methodist Church

Parental Consent for Emergency Medical Treatment

In case of emergency, I (we), in the event of my (our) unavailability, hereby authorize the faculty and staff of St. Paul UMC Preschool to grant permission for any medical or surgical treatment by the medical staff at Sentara Northern Virginia Medical Center, or by the physician, if any, designated at the bottom of this form, on behalf of my (our) child.

Child's Name: _____

Parent(s) or emergency contact individual, designated on the Student Information form, will be notified if the child becomes ill at school. Parents will then come to school or have the emergency contact individual come to school to collect the sick child. The teacher, or director can administer no medications, unless a doctor and the parent provide written permission and directions prior to administration of the medication.

Parental Signature	Print Name	Day Phone	Cell Phone
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Parental Signature	Print Name	Day Phone	Cell Phone
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Known Allergies: _____

Known Illnesses: _____

Daily Medications: _____

Date of last DtaP shot _____

Pediatrician Name: _____

Pediatrician Telephone Number: _____

Health Insurance Company: _____

Insurance Address: _____

Policy/Contract #: _____

Subscriber Name: _____

Subscriber's Employer (if insurance is thru a business): _____