

Allergies: _____

Instructions: _____

Littlest Angel Preparatory Preschool/PreK Emergency Card

(Please Print Entire Card)

Child's Name (LAST)	(FIRST)	Home Telephone	Birth Date
Home Address		City	ZipCode +

Mother's Name (Last)	(First)	Business Address	
Business Phone #	Cellular #	FAX #	e-mail address
Father's Name (Last)	(First)	Business Address	
Business Phone #	Cellular #	FAX #	e-mail address

ILLNESS, ACCIDENT OR LEAVING PRESCHOOL PREMISES: In the event of apparently serious illness or accident, when I cannot be reached, I wish one of the following to be notified by telephone. These people are authorized to act in my absence, and they have SIGNED their names on this card. They may also release my child from the preschool:

Name (Last)	(First)	Address	(Cellular #)
Name (Last)	(First)	Address	(Cellular #)

THE FOLLOWING PEOPLE MAY PICK UP MY CHILD: Please list name and 4 digit identification # (if more space is needed continue on back)

Doctor	Tele #	Address
Dentist	Tele #	Address
Specialist	Tele #	Address
Hospital	Tele #	Address

SPECIAL INSTRUCTIONS: (INCLUDING HOSPITAL IDENTIFICATION CARD #):

AUTHORIZATION FOR TREATMENT

I, the undersigned parent or authorized representative of _____, a minor, do hereby authorize and consent to any x-rays, examination, anesthetic, medical or surgical treatment rendered by any member of the medical or emergency department staff licensed under the provisions of the Medicine Practice Act or a Dentist licensed under the provisions of the Dental Practice Act and on the staff of any acute general hospital holding a current license to operate a hospital from the State of California Department of Public Health.

It is understood that this authorization is given in advance of any specific diagnosis, treatment or hospital care deemed advisable by the aforementioned physician in the exercise of his best judgment. It is understood that effort shall be made to contact the undersigned prior to rendering treatment to the patient, but that none of the above treatment will be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of Section 25.8 of the Civil Code of California.

I hereby authorize the Littlest Angel Preparatory Preschool personnel to follow the instructions of the aforementioned medical or emergency department staff licensed under the provisions of the Medicine Practice Act or a Dentist license under the provision of the Dental Practice Act.

Date _____ Signature of Father, Mother or Legal Guardian _____

Phone: _____

Date _____ Signature of Father, Mother or Legal Guardian _____

Phone: _____