

St. Mark Preschool  
**EMERGENCY AUTHORIZATION FORM**

Child's name \_\_\_\_\_ Age \_\_\_\_\_ Sex \_\_\_\_\_

Parents / Guardians \_\_\_\_\_

Address \_\_\_\_\_  
Street City State

Business Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Business Phone \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Any known allergies or medical problems \_\_\_\_\_

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Date of Last: DTP Shot \_\_\_\_\_  
Polio Vaccination \_\_\_\_\_  
MMR Shot \_\_\_\_\_  
Hepatitis B \_\_\_\_\_ Has child had 1, 2 or all 3?

Has your child had the chicken pox ? \_\_\_\_\_; if YES, Date \_\_\_\_\_

Has your child had the chicken pox vaccination? If YES, Date \_\_\_\_\_

I, the undersigned, being the parent or legal guardian, hereby authorize any necessary emergency medical treatment for this child while in the care of: **St. Mark Preschool for the period of September 2010 through May 2011**, with the following exceptions:

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\_\_\_\_\_  
Signature of Parent or Legal Guardian Date

**Witness Signatures (family, friends, or neighbors) must be filled in to provide authorization for usage by the preschool in case of an emergency.**

\_\_\_\_\_  
Witness / Date Witness / Date

**PPD (TB Test) is recommended for all volunteers who help in the classroom.**

\_\_\_\_\_  
Name of Parent / Volunteer Date

\_\_\_\_\_  
Name of Parent / Volunteer Date

