

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 _____

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 2012 through May 2013**, with the following exceptions:

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