

# KECNS CAMP - 2018

## EMERGENCY CARD

In the event of a medical emergency, I understand that every effort possible will be made to contact a parent or guardian of my child, to notify the parent or guardian of the situation, and to obtain the parent or guardian's preference of treatment. In the event a parent or guardian cannot be contacted, I hereby give permission to the Kent Education Center and Nursery School Teacher or Assistant Teacher to act on my behalf to secure proper treatment for my child through a designated KECNS physician or hospital, and for that physician or hospital to take such medical action on my child's behalf as the physician or hospital's judgment dictates.

\_\_\_\_\_  
Child's Full Name (please print)

\_\_\_\_\_  
Parent/Guardian (please print)

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## EMERGENCY INFORMATION

Preferred Hospital: \_\_\_\_\_

Child's Physician and Number: \_\_\_\_\_

Child's Dentist and Number: \_\_\_\_\_

Any Specific Medical Preferences or Facts Concerning My Child (allergies, medications, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone Number(s) Where Parent/Guardian Can Be Reached During Nursery School Hours:

\_\_\_\_\_