



Emergency & Medical Power of Attorney Form

The Charleston Baptist Temple
New Beginnings Preschool

~ 2009—2010 school year ~

Child's info:

Child's name: _____

Address: _____

City: _____ State _____ Zip _____

Date of birth: _____ Home phone: _____

Guardian info:

Father's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home _____ Cell: _____ Business phone _____

Place of employment: _____ May we call you at work? _____

Mother's name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Business phone: _____

Place of employment: _____ May we call you at work? _____

Custodial parent: _____

Child's doctor: _____ Phone: _____

Child's dentist: _____ Phone: _____

List any allergies, drug reactions, or medical conditions that your child has: _____

Emergency contact people (in the event parents cannot be reached):

Name: _____ home phone: _____ cell: _____

Name: _____ home phone: _____ cell: _____

Name of anyone who may pick up your child from school:

_____ Relationship: _____

May New Beginnings Preschool photograph your child? _____

May these photos be used on the preschool website at www.chasbt.org? _____

Medical history:

List any childhood diseases your child has had: _____

Immunization record (please circle):

MMR1 MMR2 DTP1234 Polio 123 HIB 1234 HEPB123 VAR 1

Insurance Company & Address: _____

Insurance number: _____

Child's social security # _____

Medical Power of Attorney:

I authorize that any staff member of New Beginnings Preschool may order any and all forms of emergency medical treatment for my child as a result of injury or illness while at the New Beginnings Preschool program, if neither I nor the emergency contact people listed above can be reached. This treatment may include x-rays, tests, and treatment. I authorize the staff to provide or arrange necessary related transportation for my child. I also agree that if medical treatment is administered, I and / or my insurer will be responsible for the costs of such treatments.

I agree that all the information on this form is accurate and hereby give my permission accordingly.

Parent Signature: _____ Date: _____