

Learning Tree Preschool of Crystal Lake  
EMERGENCY HEALTH AND ACCIDENT FORM

**Parents: Your child must not be left at Learning Tree until this form is on file in the school office. Please turn this form in to the office at your earliest convenience. It must be filled out completely.**

Child' name \_\_\_\_\_  
Parent's name \_\_\_\_\_  
Street address \_\_\_\_\_  
City and zip code \_\_\_\_\_  
Home phone \_\_\_\_\_  
Father's business phone \_\_\_\_\_  
Mother's business phone \_\_\_\_\_  
Mobile phone \_\_\_\_\_  
Pager number \_\_\_\_\_

Please designate two adults who are authorized to care for your child should he/she become ill in the absence of the parents:

1. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_  
2. Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Please furnish the name of your child's doctor

Dr. \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_

Please designate a specific hospital to provide emergency care in the event the parents can no be reached:

Hospital \_\_\_\_\_  
Phone \_\_\_\_\_

In the case of illness or medical emergency, if neither parent can be reached I authorize Learning Tree Preschool personnel to take action as dictated by the corporation by -laws. I have read, understand, and concur with the by-laws as they pertain to emergency care of my child as set forth on the reverse side of the emergency health and accident form.

Parent signature \_\_\_\_\_  
Date \_\_\_\_\_

## **EMERGENCY PROCEDURES FOR CASE OF PERSONAL INJURY OR ILLNESS**

- 1.** In case of minor injury or illness; the Learning Tree staff member will contact the parents by phone as specified on the emergency health and accident form. If phone contact is impossible, the staff member will decide whether to obtain medical advice, hold the child at school, administer first aid, or contact one of the two parties listed to pick up the child in the parent's absence. These minor injuries and conditions may include problems such as bruises, brush burns, small cuts, bloody noses, one incident of vomiting or diarrhea, etc.
  
- 2.** In case of injury requiring immediate medical attention, the staff member will contact the parent in the manner described above. If the staff member is unable to reach the parent by phone, she will contact the family doctor specified on the emergency health and accident form. The doctor's advice will be followed. This classification will include such problems as suspected fracture of bones, eye injury, dental injury, dizziness or blurred vision as result of a fall, and severe vomiting or diarrhea.
  
- 3.** In case of an accident that the staff member deems "life or limb threatening" emergency care will be obtained through the local paramedics. Parents will be contacted as to the action taken. This course of action will be taken when the condition could result in loss of life, limb, or sight; or in the case of hemorrhage, suffocation, or an unconscious state.