

Emergency Form

Child's Name _____ Date of Birth _____

Parent/Guardian 1 Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

Parent/Guardian 2 Name: _____

Work Phone: _____ Cell Phone: _____ Home Phone: _____

In the unlikely event that both parent/guardians cannot be reached, I authorize the two persons listed below to assume care of my child. If my child becomes ill at school, I understand that every effort will be made to contact me before releasing my child to these emergency contacts (**please list two other than parents**).

1. _____ Phone: _____

2. _____ Phone: _____

Known medical problems/conditions/illnesses: _____

Allergies: _____

Family Physician: _____ Phone: _____

Address: _____

Family Dentist: _____ Phone: _____

Address: _____

In the event of a medical emergency, I authorize the Maine Mountain Children's House to have my child transported to the closest hospital and receive any treatment deemed necessary by the attending physician while efforts are made to reach me.

Preferred Hospital: _____ Phone: _____

This is to certify that for the period from _____ to _____ I hereby constitute and appoint Maine Mountain Children's House my true and lawful attorney, for the purpose of authorizing medical treatment to, and the performance of any procedure determined to be necessary after consultation with the Emergency or Family Physician, on my child(ren).

Parent/Guardian Signature: _____ Date: _____

Witnessed By: _____ Date: _____

It is required that MMCH have on record a copy of your child's immunization record from your pediatrician.

*No child shall be required under this rule to have any such immunization if his/her parent(s) state in writing that it is contrary to his/her religious teachings and practice or if the child's physician submits documentation that such immunization is medically contraindicated. In the event of a disease outbreak, children not vaccinated for religious or medical reasons must be excluded from the program until the outbreak no longer exists, or until the child received necessary immunization.
