



## **KCNS 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.**

**Student's Full Name:** \_\_\_\_\_  
(please print)

<b>Parent/Guardian Printed Name</b>	<b>Parent/Guardian Signature</b>	<b>Date</b>
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### **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 KCNS hours:**

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