



KORDAS KORNER PRESCHOOL and HIGHER LEARNING CENTER

Be Creative Get Messy Have Fun Learning

9-11 Covey Rd, Burlington 860-673-4944 KordasKorner@hotmail.com www.KordasKorner.com

EMERGENCY MEDICAL FORM

Start Date at Kordas Korner / /

Child's Name: _____	First Name Preference: _____
Date of Birth: _____	Gender: _____
Child's Home Address: _____	

Parent's Marital Status: Married Separated Divorced Widowed Single

Mother's /Guardian's Name: _____
Address: Same as above <input type="checkbox"/> _____
Employer: _____ Employment Address: _____

Father's /Guardian's Name: _____
Address: Same as above <input type="checkbox"/> _____
Employer: _____ Employment Address: _____

Pediatrician: _____	Phone #: _____
Address: _____	
Dentist: _____	Phone #: _____
Address: _____	

If emergency medical attention is needed for my child, _____, Kordas Korner Ilc Preschool will attempt to contact me or other individuals on the Emergency pick up list. If I am unable to be reached I authorize Kordas Korner Ilc Preschool to call EMS and if deemed necessary by medical personnel, to transport my child for medical treatment to the nearest hospital. If the situation allows Kordas Korner Ilc Preschool will do everything to transport my child to my preferred hospital of _____.

All financial payment for services as a result of the emergency is the obligation of the parent(s). Most staff are trained in pediatric first aid, CPR, medications and Epi-pen. I give Kordas Korner LLC Preschool my permission to take whatever action deemed necessary for the health and welfare of my son/daughter in case of emergency. My child's health information may be viewed on a need to know basis, by staff, contracted nurse consultants, medical personal (if called in for emergencies) and state licensors (for compliance).

- Kordas Korner will release a child only to a parent(s)/guardian(s) or to the following authorized individuals.
- If there is an individual picking up your child and they are not listed below, prior written consent is needed.
- A license or other form of photo ID will be required if the staff member is not familiar with the person picking up.

Child's Name: _____

Related People/Relationship

Please list **parent/guardians first** then other friends or relatives. Check the boxes if the child lives with, if we can contact in an emergency and/or if they are authorized to pick-up your child.

Name: _____	Relationship _____	
Lives with <input type="checkbox"/>	Contact in Emergency <input type="checkbox"/>	Authorized to pick-up <input type="checkbox"/>
Phone #'s _____, _____, _____		

Name: _____	Relationship _____	
Lives with <input type="checkbox"/>	Contact in Emergency <input type="checkbox"/>	Authorized to pick-up <input type="checkbox"/>
Phone #'s _____, _____, _____		

Name: _____	Relationship _____	
Lives with <input type="checkbox"/>	Contact in Emergency <input type="checkbox"/>	Authorized to pick-up <input type="checkbox"/>
Phone #'s _____, _____, _____		

Name: _____	Relationship _____	
Lives with <input type="checkbox"/>	Contact in Emergency <input type="checkbox"/>	Authorized to pick-up <input type="checkbox"/>
Phone #'s _____, _____, _____		

Name: _____	Relationship _____	
Lives with <input type="checkbox"/>	Contact in Emergency <input type="checkbox"/>	Authorized to pick-up <input type="checkbox"/>
Phone #'s _____, _____, _____		

Name: _____	Relationship _____	
Lives with <input type="checkbox"/>	Contact in Emergency <input type="checkbox"/>	Authorized to pick-up <input type="checkbox"/>
Phone #'s _____, _____, _____		

Does your child have any allergies? Yes No If yes, please specify: _____

Does your child have any health conditions or physical disabilities that require special attention or may limit full participation in the school's program(s)? Yes No
If yes, please specify: _____

Are there any special concerns, serious illnesses etc. that we should be aware of? Yes No
If yes, please specify: _____

Does your child take regular medications? Yes No
If yes, please specify: _____

- If your child requires prescription or non-prescription medication administered during school hours, prior authorization is required through the owner/director prior to administration.
- Any changes in a child's health, allergies, vaccinations etc. need to be submitted to Kordas Korner within 30 days.

Signature of Parent or Legal Guardian

Date