

## Learning with Harmony Preschool

120 Anderson Drive  
Canonsburg, PA 15317

### Emergency Medical Care Form

I, \_\_\_\_\_, give my permission to Learning with Harmony Staff to take full responsibility in case of an emergency for my child, \_\_\_\_\_.

I give my permission for Learning with Harmony Staff to administer emergency medication that I have provided for my child. I give my permission for hospital care to be administered.

Preferred Hospital if emergency transportation/care is required: \_\_\_\_\_.

If no alternate selection is made, the child will be transported to Canonsburg Hospital.

Child's Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Allergies: \_\_\_\_\_

Medical Conditions/concerns: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
(Preferred Emergency Phone #)

\_\_\_\_\_  
Parent/Guardian's Name

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
Parent/ Guardian's Signature