

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