



## EMERGENCY MEDICAL CARE

Permission is hereby granted for the The Learning Station personnel to take emergency medical measures for my child while she/he is attending the program. (I understand that an attempt will be made to contact me before treatment is administered, if at all possible.)

\_\_\_\_\_  
Signature Relationship to Child Date

The following information would be helpful to a physician in treating your child in an emergency. If additional space is needed, please use the back of this form.

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Telephone: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address (if different): \_\_\_\_\_ Telephone: \_\_\_\_\_

Local Physician: \_\_\_\_\_ Telephone: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Has your child ever been treated (birth, emergency room, etc) at the Centre Community Hospital? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Chronic Medical Condition (s): \_\_\_\_\_

Medical Crises (former): \_\_\_\_\_

Health Restrictions: \_\_\_\_\_

Current Medication (name, dosage, who prescribed it, & when): \_\_\_\_\_

Allergies and Drug Sensitivities: \_\_\_\_\_

Emergency contacts (2) if parents cannot be reached (Name, Address, & Telephone):

1. \_\_\_\_\_

2. \_\_\_\_\_

Who is authorized to pick up your child? \_\_\_\_\_

Police 911, Poison 717-275-6116, Centre Community Hospital 234-6110 (Emergency)  
1800 E. Park Avenue, State College, PA