



The Lighthouse MDO/Preschool  
 3701 W. Spring Creek Pkwy, Plano, TX 75023  
 972-208-4803

Child's Name \_\_\_\_\_

## HEALTH AND EMERGENCY PERMISSION

List any **allergies** or **special diets** your child has (if none, write "NONE"): \_\_\_\_\_

Please explain the **reaction** your child has if he/she comes in contact with or ingests the item(s) listed: \_\_\_\_\_

List any special problems that your child may have, such as existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, and medication prescribed for long term continuous use, and any other information that caregivers should be aware of: \_\_\_\_\_

I, \_\_\_\_\_, give permission for The Lighthouse to seek medical attention for my child, \_\_\_\_\_, in the event of an emergency if I cannot be reached, and to hold harmless and release The Lighthouse from liability. I further agree to keep the facility informed of changes in telephone numbers, etc, where I can be reached.

The emergency medical procedure for The Lighthouse will be:

- Call emergency medical team, if necessary
- Contact parent (If parent cannot be reached, the 1<sup>st</sup> emergency contact will be called.)
- Have emergency medical team transport child to nearest hospital
- Medical attention will be sought from the doctor on call at:

**Medical Center of Plano, 3901 W. 15<sup>th</sup> St, Plano, TX 75075 972-596-6800**

### CHILD'S PHYSICIAN INFORMATION

Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Street: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

### 1<sup>st</sup> EMERGENCY CONTACT – cannot be a parent

This contact will be the first one called after all attempts to reach the child's guardians have been made. This contact must be someone local who will also be authorized to pick up the child.

Full Name \_\_\_\_\_ Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Relationship to your child \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Home phone: \_\_\_\_\_ Work Phone \_\_\_\_\_

### OTHER CONTACTS

These contacts are additional pick-up contacts and/or emergency contacts.

Name	Relationship	Home #	Cell #	Work #	Is this person authorized to pick up your child?	Can this person be contacted in an emergency?
	1 <sup>st</sup> Parent				YES	YES
	2 <sup>nd</sup> Parent				YES	YES

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