



ST. ANDREW'S EPISCOPAL PRESCHOOL

6509 SYDENSTRICKER ROAD † BURKE, VA 22015

Authorization for Emergency Treatment

In the event of a medical emergency, preschool staff will phone "911" and if required, your child will be taken by ambulance to the Department of Emergency Medicine of Inova Fairfax Hospital or Inova Heathplex/Springfield Access.

I, _____, (name of parent/guardian) hereby authorize any physician member of the Department of Emergency Medicine of Inova's Fairfax Hospital or Inova's Heathplex/Springfield Access or any member of the Medical Staffs of the above mentioned hospitals requested by the Department of Emergency Medicine physician, to render medical treatment, which in his judgment may be deemed necessary in the care of:

(full name of child)

Child's Allergies (if any): _____

Child's Doctor: _____ Phone #: _____

Family Doctor: _____ Phone #: _____

Medicines child is taking: _____

Date of Last Tetanus Shot: ____/____/____

Outstanding medical history (ex.: Diabetes, Heart Disease, etc.): _____

INSURANCE INFORMATION

Insurance Company: _____ ID/Policy #: _____

Subscriber's Name: _____ Phone #: _____

Subscriber's Place of Employment: _____

All parents and guardians are responsible for maintaining this consent form as it cannot be maintained by the hospitals.

(Parent/Guardian Signature)

(Date)