

# St. Luke's Little School CHILD MEDICAL EMERGENCY INFORMATION FORM



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Child's Last Name	Child's First Name	DOB	Gender
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Allergies	Medications
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## Medical/Health Insurance Contact Information

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Child's Physician	Practice Name	Phone
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Physician's Address	City	State	Zip Code
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Child's Dentist	Practice Name	Phone
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Dentist's Address	City	State	Zip Code
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Health Insurance Company	Policy Number	Group Number
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Health Insurance Company Address	City	State	Zip Code
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## Little School's Hospital of Choice is:

Littleton Adventist Hospital  
7700 South Broadway  
Littleton, CO 80122  
303-730-8900

If you prefer a different hospital, list below:

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In the event of an emergency, I as parent and/or legal guardian hereby give my permission to the staff and director of St. Luke's Little School to access emergency medical services for my child, including transport to the nearest health care facility, to receive emergency medical treatment.

It is understood that a conscientious effort will be made to locate me, and I accept the expense of care and transport.

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Parent/Guardian Signature	Date
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