



EMERGENCY CARE TRANSPORTATION FORM

Notice: In the event it is necessary to transport your child to a clinic or hospital, EMS will be called and the school Director or his/her designee will accompany child to the Emergency Room. The nearest Emergency Room is East Cooper Medical Center. This form will be used to provide the hospital with important information.

Child's Full Name: _____

Child's Date of Birth: _____

Address: _____

Drug Allergies: _____

Health Concerns: _____

Physician's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Parent 1/Guardian's Name: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

Parent 2/Guardian's Name: _____ Place of Employment: _____

Cell Phone: _____ Work Phone: _____

Emergency Contacts (other than physicians)

Name 1: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Name 2: _____ Relationship: _____

Home Phone: _____ Work Phone: _____

Insured's Name: _____ Insurance Provider: _____

Provider's Address & Phone: _____

Policy Number: _____ Insured's ID# _____

**I give permission for my child, _____, to be transported to
_____ Hospital, in the event of an emergency.**

Parent 1 or 2/Guardian Signature: _____ Date: _____