

Emmanuel Lutheran Early Childhood Ministry

**Parent/Guardian Emergency Preparedness**

**Emergency Medical Authorization**

When I cannot be contacted, I authorize the staff to provide transportation and/or obtain medical treatment for my child(ren). I understand that this means that staff will either drive my child to St. Joseph Hospital OR call for an ambulance.

**Back-up Plan for Children's Care**

I have a back-up plan for childcare in place, in the event of my child's(ren's) illness or the facility's inability to care for my child(ren). This means you have a plan for alternative care when the daycare is closed for holidays, severe weather or staff training days.

**Exclusion Policy for Child's Health**

I will notify the staff of any special situations pertaining to my child's(ren's) health. I understand the policies (detailed in the school handbook) which explain when a child must return/remain home due to illness/health issues.

**Illness or Emergency of a Staff Member**

I understand that I will be notified in writing and/or a phone call or e-mail message in the event the illness of a staff member(s) may be contagious to others, or about any emergency that prevents children from being cared for in the childcare facility.

I have **read, understand and approve** of the above policies.

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

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

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**(OVER)**

## **Emmanuel Lutheran Early Childhood Ministry—Emergency Plan Form**

### **Written Plan in Case of Provider Illness, Injury or Death**

- If teachers should get hurt or become ill, and we are able to, we will:
  - **Notify the parents or guardians of the children to come and pick them up.**
- If teachers should get seriously injured or become seriously ill, we will call:
  - **Lana Hille (parish nurse) ext. 227 or Sarah Lahey (school nurse) ext. 243.**
  - **Gwen Kanning OR another staff member,** who will notify the parents to come and pick up their children.
    - ❖ Emergency phone numbers are **in a red binder to the right of desk in office when sitting at desk. The binder is in a black bin with other binders.**
- If teachers care for a child who is capable of understanding what to do in an emergency situation, we will:
  - **Teach him or her how to contact another adult and/or call 911.**

### **Written Plan in Case of a Child's Illness, Injury or Death**

- If a child should need immediate medical assistance, we will contact:
  - **9-911 on office/classroom phone 911 on cell**
- Teachers will:
  - **Contact the parents of the injured or ill child to let them know their child's condition.**
  - **Transportation to the doctor or hospital will be provided by:**
    1. Daycare staff will take the child by car to St. Joe Hospital if not life threatening.
    2. EMS will transport child to St. Joe Hospital.

### **Written Evacuation Plan, in Case of Fire**

In the event of a fire, teachers will evacuate the children in their care by the following procedures:

- If the children are asleep:
  - **A very loud alarm is rung, and the nap supervisor will wake each child individually if alarm does not awaken them. Have them follow the teacher out or carry out children as needed.**
- If the children are in their sleeping areas, we will exit through:
  - **The Jackson Street exit.**
- If the children are awake, we will exit through:
  - **The door closest to the stairs and exit at Jackson entrance.**
- We will teach the children to meet us outside the school:
  - **At the corner of Jackson and Jefferson Streets.**
- After all of the children are safely out of the school, teachers will call the fire department from:
  - **Use phone in the church OR if outdoors, use cell phone.**

**In order to make sure the children know what to do in the event of a fire, teachers will practice these procedures in a fire drill at least once a month.**

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***A signature indicates that I (parent) understand the above plans which will be followed by Emmanuel Lutheran Early Childhood Ministry in case of emergency.***

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

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

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date

**(OVER)**