

EMERGENCY MEDICAL TREATMENT

This form must be presented upon admission for treatment.

Child's Name _____ Date of Birth _____

I, _____, parent or guardian of the child named above give my permission to Sacred Heart Preschool to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize Sacred Heart Preschool to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

Every effort will be made to notify the parents (guardian) immediately in case of an emergency.

Family Information: Parents or Guardians

Parent/Guardian #1 _____

Address _____ Home Phone _____

Work Phone _____ Employer _____ Cell Phone _____

Parent/Guardian #2 _____

Address _____ Home Phone _____

Work Phone _____ Employer _____ Cell Phone _____

Hospital, Doctor, and Dentist Preference

Hospital: _____

Doctor: _____

Address: _____ Phone: _____

Dentist: _____

Address: _____ Phone: _____

Other Information/Known Allergies: (Release form required if medicine is to be administered at school)

Present Medications: _____

Important medical history or issues: _____

Insurance: _____

Immunization records given to center on: _____

Physical on child completed on: _____

Transportation Release

The following individuals may be contacted in case of emergency and my child may be released to them:

Name: _____ Relationship to child: _____

City: _____ Phone #1: _____ Phone #2: _____

Name: _____ Relationship to child: _____

City: _____ Phone #1: _____ Phone #2: _____

Name: _____ Relationship to child: _____

City: _____ Phone #1: _____ Phone #2: _____

Please list anyone who is not able to pick up your child:

General Release

Please circle your response and fill in the blank if applicable.

I **do** or **do not** give consent for my child to attend center-sponsored field trips. This may include walking, car, van, bus or public transportation.

I **do** or **do not** give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff.

I **do** or **do not** give consent for sun screen to be applied to my child's skin. If you have a preference on sun screen you must provide it with the child's name written on the container in a permanent marker.

I **do** or **do not** give consent for my child's picture to be taken and shared on school website, facebook page, advertisements, etc.

I **do** or **do not** give consent for my child to be video recorded and shared on school website, facebook page, advertisements, etc.

Father's signature _____ Date _____

Mother's signature _____ Date _____

Updated

Father's signature _____ Date _____

Mother's signature _____ Date _____