



Medical Form

I (We) _____ hereby state that I /we are the legal guardian(s) of _____, DOB _____ who resides with me/us at _____. I (We) authorize that for emergency purposes, a school designated employee may provide consent for my child to receive medical attention i.e. necessary examination, medical diagnosis, surgery, treatment, and/ or EMS/hospital care. In the event that my child needs to be transported, a Preschool of Business staff member will accompany my child at all times. I understand that every effort will be made to contact the Emergency Contact persons provided in the Emergency Release Contact Form.

Parent or guardian must fill out and sign the form.
(Please return to us as soon as possible.)

Health Insurance Information

Health Insurance Provider

Policy #

Policy Holder Name

Phone #

Pediatrician



I understand and agree with all the aforementioned terms listed in the Emergency Treatment Form.

Date

Signature of Parent and/or Guardian

Signature of Director

Signature of Parent and/or Guardian