

Share & Care Christian Preschool
PARENTAL EMERGENCY MEDICAL CONSENT
This form must be presented upon admission for treatment.

Child's Full Name: _____ **Birth Date** _____

In the event that my child (listed above) may require **medical and/or surgical care** while I _____ am out of the city or unable to be reached, I hereby give my consent to **medical and/or surgical treatment to:**

Hospital _____ **and Doctor** _____

Or his/her designee to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for **dental and/or surgical care to:**

Hospital _____ **and Dentist** _____

Or his/her designee to provide this care.. **I agree to pay all the costs and fees contingent on any emergency medical (or dental care) and/or treatment for my child as secured and authorized under this consent.**

Comment: Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

1. Parents/Guardians/Custodians with whom the child resides:

* Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

* Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

2. Local persons to contact in case of emergency if parents are unavailable, and are authorized to pick up named child.

* Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

* Name _____ Relationship to Child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email Address _____
Work Phone _____ Work Hours _____

(OVER)

3. Medical Information: Must be completely filled out except tetanus which I can fill in from the immunization record.

<u>Child's Doctor</u>	<u>Phone#</u>	<u>Address</u>	<u>City</u>
<u>Child's Dentist</u>	<u>Phone#</u>	<u>Address</u>	<u>City</u>
<u>Date of Last Tetanus</u>	<u>Known Allergies</u>		
<u>Present Medication</u>	<u>Religious Preference</u>		
<u>Insurance Company</u>	<u>Policy #</u>		

TRAVEL PERMISSION

I hereby give my permission for my child _____ to leave Share & Care Christian Preschool for emergencies--either weather or disaster related by walking or by riding in a car.

Restrictions: _____

PHOTO RELEASE

I hereby give my permission to allow my child _____ to be photographed for use by Share & Care Christian Preschool to be used in the preschool room only. Any other form of media would have separate request sent home. (pictures above cubbies, snack tables are a couple of examples.)

Restrictions: _____

CLASS LIST CONSENT

I hereby give my consent for my child's name, parents' names, phone numbers,
Restrictions: _____

The consent for travel, photo and class list will be in effect for one school year beginning with the first day of school.

<u>Signature of Parent/Guardian</u>	<u>Date</u> August 1,2020
<u>Signature of Parent/Guardian</u>	<u>Date</u> August 1, 2020