

# Emergency Contact & Medical Information

## *Individuals to contact in case of an emergency*

1	Phone#
2	Phone#
3	Phone#
4	Phone#

Child's physician :	Phone#
Child's Dentist :	Phone#
Preferred Hospital:	Phone#
Insurance Company:	ID #
Subscribers name:	Group#

I authorize all medical and surgical treatment, health record transfer, first aide, lab, anesthesia, and other medical and /or hospital procedures as may be performed or prescribed by the attending physician and / or paramedics for my child and waive my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

Parent / Guardian Signature

Date

## RELEASE INFORMATION

**The following adults have my permission to pick up my child from Preschool**

NAME	Phone#	Relationship to child

**If you need to have someone not listed to pick up your child, please send a signed note on that day giving permission for us to release your child to this person. We will only release your child to persons for whom you have given your written permission**

Signed :

Date: