



Medical Consent

I, _____, parent/guardian of _____, hereby give my consent to any emergency medical, surgical, or dental treatment for my child deemed necessary by a doctor or physician. It is understood that the school will make a conscientious effort to locate parents prior to such treatment when possible. I further agree to bear any and all expenses incurred as a result of such treatment.

Signature: _____ Date: _____

AUTHORIZED MEDICAL INFORMATION

Physician: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Hospital of Choice: _____ Phone: _____

Address: _____

Medical Insurance Carrier: _____ Policy Number: _____

Allergies: _____

Other persons authorized to pick child up from preschool, or who can assume responsibility in case of emergency when parents cannot be reached:

Name/relationship:	Address:	Phone:
_____	_____	_____
_____	_____	_____
_____	_____	_____