

# CONSENT FOR EMERGENCY MEDICAL TREATMENT- Child Care Centers Or Family Child Care Homes

AS THE PARENT OR AUTHORIZED REPRESENTATIVE, I HEREBY GIVE CONSENT TO

\_\_\_\_\_ TO OBTAIN ALL EMERGENCY MEDICAL OR DENTAL CARE  
FACILITY NAME

PRESCRIBED BY A DULY LICENSED PHYSICIAN (M.D.) OSTEOPATH (D.O.) OR DENTIST (D.D.S.) FOR

\_\_\_\_\_. THIS CARE MAY BE GIVEN UNDER  
NAME

WHATEVER CONDITIONS ARE NECESSARY TO PRESERVE THE LIFE, LIMB OR WELL BEING OF THE CHILD

NAMED ABOVE.

CHILD HAS THE FOLLOWING MEDICATION ALLERGIES:

\_\_\_\_\_ DATE

\_\_\_\_\_ PARENT OR AUTHORIZED REPRESENTATIVE SIGNATURE

\_\_\_\_\_ HOME ADDRESS

\_\_\_\_\_ HOME PHONE  
( )

\_\_\_\_\_ WORK PHONE  
( )



Creative Children  
Preschool - Kindergarten - Summer Camp

# CREATIVE CHILDREN PRESCHOOL

Lic #197407949

## DISASTER/EMERGENCY RELEASE FORM

In the event of a major emergency such as an earthquake, when transportation and/or communication is disrupted citywide, I/we hereby authorize the responsible party Creative Children Pre-School and Kindergarten personnel to release my/our child/children to any other Creative Pre-School and Kindergarten parent who is a person known and recognized by Creative Children Pre-School and Kindergarten personnel.

I/we understand that Creative Children Pre-School and Kindergarten will keep records of who is taking my/our child/children as soon as I/we are able.

In addition to Creative Children Pre-School and Kindergarten parents, you may release my/our child/children to the following family or friends listed below. I/we understand that identification will be requested upon release to the following people.

You may release my/our child/children the following family or friends. Complete names and addresses must be provided for release. Please print clearly.

**CHILD'S NAME:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MOTHER'S NAME/SIGNATURE:** \_\_\_\_\_

**FATHER'S NAME/SIGNATURE:** \_\_\_\_\_

You may release my/our child/children the following family or friends. Complete names and addresses must be provided for release. Please print clearly.

**1.) NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**2.) NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**3.) NAME** \_\_\_\_\_ **PHONE #** \_\_\_\_\_

**ADDRESS:** \_\_\_\_\_

**Out of State person to contact:**

**NAME:** \_\_\_\_\_ **RELATIONSHIP** \_\_\_\_\_ **PHONE #** \_\_\_\_\_