



5650 Shoup Ave, Woodland Hills, CA 91367 Tel: (818) 883-7241, Facility #197407949, Tax Id #251910052

### **TEACHER'S INFORMATION SHEET**

Child's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Mother's name: \_\_\_\_\_

Mother's address: \_\_\_\_\_

Mother's home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Father's address: \_\_\_\_\_

Father's home phone: ( ) \_\_\_\_\_ Work phone: ( ) \_\_\_\_\_

Emergency name and phone: 1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

Additional information such as allergies, medical problems, personal problems etc.:

Signed: Mother \_\_\_\_\_ Father: \_\_\_\_\_

### **PARENTAL CONSENT TO EMERGENCY CARE FOR MINORS**

Name of child: \_\_\_\_\_

I hereby give permission for the above-mentioned child to be given emergency care as administered, authorized, or directed by any adult person acting on behalf of Creative Children Preschool & Kindergarten. Such care may include X-Ray examination, anesthetic, medical or surgical diagnosis, treatment and hospital care to be rendered to said minor under the general or special supervision and upon the advice of a physician or surgeon licensed under the provisions of the Medical Practice Act, X-Ray examination, anesthetic, dental or surgical diagnosis or treatment, or hospital care by a dentist licensed under the provision of The Dental Practice Act, and pursuant to Civil Code Section 25.8.

It is understood that time and circumstances reasonably permit, Creative Children Preschool & Kindergarten personnel will endeavor, but is not required to communicate with me/us prior to such treatment.

I grant permission for Creative Children Preschool & Kindergarten to give my child a children's strength Tylenol in case of illness or high fever \_\_\_\_\_

Doctor's name and phone: \_\_\_\_\_

Signature: Mother \_\_\_\_\_ and (or) Father: \_\_\_\_\_ Date: \_\_\_\_\_