FIRST AID AND EMERGENCY MEDICAL CARE CONSENT AND RELEASE FORM

Child's Name_____ Date of Birth_____

I authorize the staff at Great Expectations Preschool who are trained in the basics of first aid/CPR to give my child first aid/CPR when appropriate.

I understand that every effort will be made to contact me in the event of an emergency requiring medical attention for my child. However, if I cannot be reached, I hereby authorize Great Expectations Preschool to transport my child to the nearest medical care facility and/or to _____, and to secure necessary medical treatment for my child. In addition, I give the school permission to contact my child's physician/medical office when necessary.

Child's Physician's Name_____
Address_____ Phone#_____
Health Insurance Coverage_____ Policy #_____
Child's Allergies_____
Chronic health Conditions_____

Parent/Guardian_____ Phone _____Cell_____
Parent/Guardian_____ Phone_____ Cell_____

Emergency Contacts & Release (in order to be contacted -- must list at least one)
In the event of an emergency or child becomes ill while at school and parents cannot be contacted, please notify (individuals listed must be local and aware they may be called):

Name_____ Relationship_____
Address_____
Home Phone _____Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____ Relationship_____
Address_____
Home Phone _____Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

Name_____ Relationship_____
Address_____
Home Phone _____Cell Phone_____
Do you give permission for child to be released to this person? Yes_____ No_____

_____ _____
Parent/Guardian Signature Date