



EMERGENCY CONTACT and MEDICAL FIRST AID AUTHORIZATION and CONSENT

CHILD INFORMATION

Child's Name: _____

Date of Birth: _____

Home Address: _____

Telephone: _____

Special Concerns (physical limitations, dietary restrictions, allergies, asthma, chronic health problems, etc.) If none, please indicate by writing "NONE"

Instructions to reach PARENT/GUARDIAN(daytime):

Parent/Guardian Name: _____

Parent/Guardian Name: _____

Relationship to Child: _____

Relationship to Child: _____

Home Address: _____

Home Address: _____

Home Telephone: _____

Home Telephone: _____

Cell Phone: _____

Cell Phone: _____

Work Phone: _____

Work Phone: _____

Work Hours: _____

Work Hours: _____

EMERGENCY CONTACT PERSONS

In the event parents cannot be contacted, the school should contact:

(Include two persons that live locally for quick access to school and whose names are listed on emergency release form)

Name: _____

Name: _____

Relationship to Child: _____

Relationship to Child: _____

Address: _____

Address: _____

Telephone (day): _____

Telephone (day): _____

Cell Phone: _____

Cell Phone: _____

PHYSICIAN/CLINIC

Physician Name: _____

Dentist Name: _____

Clinic: _____

Clinic: _____

Address: _____

Address: _____

Telephone: _____

Telephone: _____

HEALTH INSURANCE INFORMATION

Insurance Company: _____

Insurance Company: _____

Subscriber Name: _____

Subscriber Name: _____

Policy #: _____ Card #: _____

Policy #: _____ Card #: _____

Authorized Hospital: _____

Authorized Hospital: _____

Special instructions: _____

Special instructions: _____

DENTIST/CLINIC

DENTAL INSURANCE INFORMATION

**EMERGENCY CONTACT and MEDICAL FIRST AID AUTHORIZATION and CONSENT FORM
(Cont'd)**

MEDICAL EMERGENCY TREATMENT AUTHORIZATION

I authorize staff members at *The REDBALLOON PRESCHOOL* who are trained in the basics of first aid and CPR to administer first aid and/or CPR to my child (name) _____, 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 (name) _____.

In the event of an emergency requiring medical attention for my child, if I cannot be reached or when delay would be dangerous to my child's health, I hereby authorize the *REDBALLOON PRESCHOOL* to transport my child (name) _____ to the nearest medical facility and/or Hospital. I hereby authorize *The REDBALLOON PRESCHOOL* to secure for my child the necessary medical treatment.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY RELEASE FORM

I hereby give *The REDBALLOON PRESCHOOL* my permission for my child (name) _____, to be released from the program and/or to be received at the end of the program to the following people: **EMERGENCY CONTACT PERSONS** (those persons listed on page 1 of Emergency Contact Information Form) Name: _____ Name: _____

| | |
|------------------------------|------------------------------|
| Relationship to Child: _____ | Relationship to Child: _____ |
| Address: _____ | Address: _____ |
| Telephone (day): _____ | Telephone (day): _____ |
| Cell Phone: _____ | Cell Phone: _____ |

OTHER AUTHORIZED PERSONS

| | |
|------------------------------|------------------------------|
| Name: _____ | Name: _____ |
| Relationship to Child: _____ | Relationship to Child: _____ |
| Address: _____ | Address: _____ |
| Telephone (day): _____ | Telephone (day): _____ |

Cell Phone: _____ Cell Phone: _____

Parent/Guardian Signature: _____ **Date:** _____