

Emergency Contact/Medical Release Form

Child's Name _____ Birthdate _____

Parent's Name _____ email _____

Home _____ cell _____ work _____

Parent's Name _____ email _____

Home _____ cell _____ work _____

The following people have my permission to pick my child up from preschool:

Name	Phone	Relationship
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1.		
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2.		
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3.		
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If the preschool is unable to reach either parent, the following persons may be contacted in case of illness or emergency with my child and are also authorized to pick my child up from preschool:

Name	Phone	Relationship
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1.		
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2.		
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3.		
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Child's Doctor _____ phone _____

Child's Dentist _____ phone _____

Special Health Concerns/Allergies/Medications _____

I hereby grant permission for SUMC preschool and staff to take whatever steps may be necessary to obtain emergency medical care if warranted, and for qualified medical personnel to perform emergency treatment. For a major emergency, 911 will be called. For a minor injury requiring medical attention the parent, guardian or emergency person will be called.

Parent's Signature _____ Date _____