

Valley View Baptist Preschool

Childcare Medical Release Form

Child's full name: _____

Child's date of birth: _____ Social Security #: _____

I hereby give permission for any and all medical attention necessary to be administered to my child in the event of accident, injury, sickness, etc., while they are cared for on Valley View Baptist Church property, until such time as I may be contacted.

If none of the person(s) designated below can be contacted, I give permission for treatment of my child as may be required and determined by the appropriate health care professional.

I give my permission for my child to be transported by ambulance or in a staff member's private car if necessary.

A signed copy of this document shall have the same power and effect as an original.

I hereby assume responsibility for payment of such treatment and have provided my child's health insurance information below.

My name: _____

Phone (H): _____ (W): _____ (Cell): _____

Home address: _____

City: _____ State: _____ Zip: _____

Alternate Contacts: In the event I cannot be contacted, any of the following is designated:

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Name: _____ Phone: _____ Relationship to child: _____

Insurance Provider: _____

Policy/Contract #: _____ Group #: _____

Name of primary insured: _____

Primary insured's date of birth: _____ Relationship to child: _____

Child's primary physician: _____

Physician's Phone: _____ Address: _____

Child's dentist: _____ Phone: _____

Hospital preferred: _____

Known allergies (drug, food, etc.) or medical conditions of child: _____

Medications child takes (prescription and/or non): _____

Parent/Guardian's name (print): _____

Parent/Guardian's Signature: _____

Today's Date: _____

Sworn to and subscribed before me on this the _____ day of _____, _____.

Notary Public
My Commission Expires: _____