

Medical Information

Emergency Release

In the event I cannot be reached to make arrangements for emergency medical care, I hereby authorize that my child, _____, may be given emergency medical treatment by a staff member of Little Lambs Learning Center or Shepherd of the Heart Methodist Church. I also give my permission for my child to be transported by car or ambulance to an emergency center for treatment and agree to hold the program or its employees harmless.

Parent's Signature _____ Date _____

Consent to Medical Care and Treatment

In the event that I cannot be contacted immediately, medical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician and hold Little Lambs Learning Center and or Shepherd of the Heart Methodist Church and its employees harmless.

Parent's Signature _____ Date _____

Emergency Information

Child's Physician _____ Phone _____

Preferred Hospital _____

Insurance Company _____

Policy# _____ Primary Card Holder _____

Insurance phone number _____

Regular medication _____

Any serious illnesses, operations, handicaps, or injuries and if so, at what age? _____

Does your child have any allergies known to you? If none, so state _____

Allergic reaction occurs through ___ ingestion ___ contact ___ airborne.

Is medication required? YES NO