

Tufenkian Pre-School 200 - 200 School Year

Child's Name: Group:

CONSENT FOR MEDICAL TREATMENT & EMERGENCY TRANSPORTATION

As the parent, agency representative or legal guardian, I hereby give consent to St. Mary's Tufenkian Pre-School to provide all emergency dental or medical care prescribed by duly licensed physician (MD) or dentist (DDS) for This care may be given under whatever
(Child's Name)
conditions are necessary to preserve the life, limb or well being of my dependent. The center will also arrange for emergency transportation (Ambulance or other vehicle) to the nearest medical facility.

Child has the following medication allergies:

Date: Signature:

Address:

Home Phone: Work Phone:

Emergency Release Information

Student's Name Phone.....

Address.....

Mother's Name:..... Phone

Father's Name:..... Phone.....

I authorize the release of my child to the following people:

	NAME	PHONE	RELATIONSHIP
1.
2.
3.
4.

Medical Alert : Condition..... Medication

Condition..... Medication

I understand that emergency information is required by the school for the release and treatment of my child for any problem requiring possible emergency action. It is my responsibility to notify the school immediately of any change.

Parent /Guardian Signature: Date:

The student was released to Relationship

Time of release Date of release Destination.....

Signature..... Staff verification.....