

## **EMERGENCY MEDICAL CONSENT FORM**

I \_\_\_\_\_ (parent/guardian) hereby authorize the personnel of the Right Start Preschool at the Heights to give consent for emergency medical care and/or treatment to the closest hospital for \_\_\_\_\_ (child) while under the supervision of the preschool personnel. I also agree to be responsible for all of the costs and fees contingent on any emergency medical treatment for my child secured under this consent.

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

**Name of person to be contacted first in case of emergency:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Closest relative or neighbor to contact if above can not be reached:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

\_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

**Family Physician:** \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Health Insurance Coverage and/or medical assistance information:**

Company \_\_\_\_\_

Address \_\_\_\_\_

**Policy No.** \_\_\_\_\_ **Group No.** \_\_\_\_\_

**Home Church:** \_\_\_\_\_

Address \_\_\_\_\_

Pastor \_\_\_\_\_ Phone \_\_\_\_\_

Special medical or dietary information necessary for management in an emergency situation

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We recommend and ask that your signature be on file with your physician authorizing him/her to care for your child in case of an emergency. Every effort will be made to notify parent/guardian immediately in case of emergency.