

# St. Mary Preschool Parental Emergency Medical Consent

Child's Full Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical and/or surgical treatment to \_\_\_\_\_ Hospital and Doctor \_\_\_\_\_ or his/her designee to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for dental and/or dental surgical care to Hospital \_\_\_\_\_ and Doctor \_\_\_\_\_ or his/her designee to provide this care. I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent. COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

## 1. Parents/Guardians with whom the child resides:

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

## 2. Persons to contact in case of an emergency if parents are unavailable (and are authorized to pick up the child):

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship to child: \_\_\_\_\_  
Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_  
Employer: \_\_\_\_\_ Department: \_\_\_\_\_  
Work Phone: \_\_\_\_\_ Hours: \_\_\_\_\_

## 3. Are there any custody or restraining orders for persons who may attempt to pick up or have contact with the child while at preschool?

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

## 4. Information

Child's Doctor: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
Date of last Tetanus: \_\_\_\_\_ Known Allergies: \_\_\_\_\_  
Present Medication: \_\_\_\_\_ Religious Preference: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_  
Policy Holder's ID: \_\_\_\_\_

This consent will be in effect for one year beginning (date) \_\_\_\_\_ and continues while the child is enrolled at St. Mary Preschool.

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

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