



Emergency Medical Consent Date: _____

Child's Full Name: _____ Birthdate: _____

Address: _____

Parents/Guardians Names: _____

Mom Email _____ Dad Email _____

Mom Cell _____ Dad Cell _____

Parent: **Place of employment / work phone #**

Mom _____ Dad _____

Additional Emergency Medical Contacts: *These people will be contacted if parents cannot be reached in an emergency.

Name	Phone	Relationship
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Child's Physician Name	Phone	Location
_____	_____	_____

Dentist *A dentist must be named.
Name _____ Phone _____ Location _____

Eye Doctor (if applicable)
Name _____ Phone _____ Location _____

Hospital Preference _____
Insurance Company
Name _____ Policy # _____

Allergies/Health Issues/Medications

*I understand if parents are not able to be reached, an emergency contact listed on this form will be contacted. I also understand this person should be able to transport my child and make medical decisions for my child.
Date: _____ Signature: _____ Relationship: _____

Medical Liability

Prairie Ridge Church and Preschool @ The Ridge is not liable for any injuries or sickness the child sustains during his/her time at the preschool. Any medical costs will be taken care of through the parent's health insurance. Our staff is concerned about safety and will take this into account when planning activities and supervising children during their time here at school.

Date: _____ Signature: _____ Relationship: _____