**Little Friends Preschool**

***A Child's******Pathway******to Learning***

Child Emergency

Record & Medical Authorization

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| Child Emergency Contact |

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ M F

Child’s Name Date of Birth Sex

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Parent’s/Guardian’s Name Parent’s/Guardian’s Name

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

Cell Phone Work Phone Cell Phone Work Phone

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Address Address

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

City, ST ZIP Code City, ST ZIP Code

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| Alternative Emergency Contact |

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Primary Emergency Contact Secondary Emergency Contact

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Cell Phone Work Phone Cell Phone Work Phone

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Address Address

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City, ST ZIP Code City, ST ZIP Code

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| Physician/Medical Information |

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Hospital/Clinic Preference Address

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Physician’s Name Phone Number

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Insurance Company Policy Number

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

Allergies/Special Health Considerations

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| Medical Authorization |

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*Child’s Name Classroom*

I authorize all medical and surgical treatment, X-ray, laboratory, anesthesia, and other medical and/or hospital procedures as may be performed or prescribed by the attending physician and/or paramedics for my child and waiver my right to informed consent of treatment. This waiver applies only in the event that neither parent/guardian can be reached in the case of an emergency.

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Parent’s/Guardian’s Signature Phone Number

I give permission for my child to go on neighbor field trips and the Center’s outdoor playground. I release Little Friends Preschool and individuals from liability in case of accident during activities related to Little Friends Preschool, as long as normal safety procedures have been taken.

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Parent’s/Guardian’s Signature Phone Number