



PRESCHOOL & LEARNING CENTER

Emergency Medical Treatment Authorization/Consent Form

Child's Full Name		
Birth date	Child's age	Child's sex

I, _____ parent or guardian of the child named above give my permission to AppleTree Preschool and Learning Center to secure and authorize such emergency medical care, emergency dental care and treatment as my child might require while under the Center's supervision. I also authorize the Center to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured to authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information.

Name of Parent/Legal Guardian		
Address		
Work/School	Phone	Cell
Name of Parent/Legal Guardian		
Address		
Work/School	Phone	Cell

Child's Likes	Dislikes
Developmental History	
Child's Strengths	

Doctor	Phone	Preferred Hospital
Address		
Dentist	Phone	
Address		

Present Medication (s):
Known Allergies:
Insurance:

(Next section fill out only if applicable)

Parent/Guardian w/legal custody: _____ Decree on file? () Yes () No

The following individuals may be contacted in case of emergency & my child may be released to them:

Name		Relationship
Address		
Cell	Phone	Work

Name		Relationship
Address		
Cell	Phone	Work

Name		Relationship
Address		
Cell	Phone	Work

Please circle your response or fill in the blanks if applicable.

I do or do not give consent for screenings/assessments/AEA observations for my child.	
I do or do not give consent for my child to attend center sponsored field trips. This may include walking, car, van, bus or public transportation.	
I do or do not give consent for center staff to transport my child to and from school in a center-owned vehicle using only one staff.	
I do or do not give consent for sunblock to be applied to my child's skin. You must provide the sunblock with the child's name written on the container with a permanent marker.	
I do or do not give consent for bug spray to be applied to my child's skin. You must provide the bug spray with the child's name written on the container with a permanent marker.	
I do or do not give consent for my child's picture to be taken.	I do or do not give consent for my child to be videotaped.
I do or do not give DHS permission to discuss my Child Care Assistance with AppleTree Preschool and Learning Center.	

Parent/Legal Guardian's Signature _____ Date _____

Parent/Legal Guardian's Signature _____ Date _____

Updated.....

Initial _____ Date _____ Initial _____ Date _____ Initial _____ Date _____