



Olivet Christian Preschool

PARENTAL EMERGENCY MEDICAL CONSENT FORM

Full Name of Child:

Birth date:

In the event that my child may require emergency medical, dental, and/or surgical care while I am out of the city or unable to be reached, I give my consent to medical and/or surgical treatment to _____ Hospital and Doctor _____ or his/ her designee to provide the care. I agree to pay all the costs and fees continent on any emergency medical or dental care and/or treatment for my child as secured or authorized under this consent.

FAMILY INFORMATION

Name of parent or legal guardian

Address

Home phone

Work phone/cell phone

Person(s) to be contacted in emergency if parents are unavailable:

Name/Home phone/Work Phone/Relationship

DOCTOR INFORMATION

Name of Doctor

Phone

Address

DENTIST INFORMATION

Name of Dentist

Phone

Address

CHILD INFORMATION

Present Medications:

Known allergies:

Short medical history or problems:

INSURANCE

Name of Insurance:

SIGNATURE

Signature of parent or guardian:

Date:

Signature of parent or guardian:

Date: