



MEDICAL RELEASE FORM

MEDICAL AUTHORIZATION: It is unfortunate that accidents may occur, and because we want to be prepared to give your child the best and most immediate medical care possible, please read and supply the requested information.

Name of Child's Doctor: _____
Phone Number: _____
Hospital: _____
Insurance Number: _____
Medicaid Number: _____

PLEASE READ

The Staff at **Our Children Learning Center** are certified in First Aid and CPR, and I am requesting now, your permission to give immediate first aid or CPR treatment to your child/children, if ever deemed necessary. You, the parent(s), and the Emergency Medical Persons will be called to the center, or, hospital per our Emergency Notification Procedure.

CONSENT TO EMERGENCY FIRST AID AND TRANSPORTATION

*I hereby give permission that my child, _____ may be given emergency treatment by Paramedics. I also, give permission for my child to be transported by ambulance to an emergency center for treatment. I agree to pay all cost and fees contingent on any emergency medical care and or treatment for my child as secured and authorized under this consent that is not covered by the provider's insurance.

Parent Signature: _____ **Date:** _____

ALTERNATE PERSON TO GIVE CONSENT FOR MEDICAL CARE AND TREATMENT:

In the event, that you cannot be contacted at a critical time for your child's **medical care, as prescribed by a treating physician, The persons listed below have your permission to give consent for treatment.*

Contingent upon **Exhausted attempts to contact Parents, or, designated contact persons above.*

List Persons whom you authorize to make Medical Decisions for you, the Parent(s)

Parent Signature: _____ Date: _____

Daycare Director: _____ Date: _____

OUR CHILDREN LEARNING CENTER

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