

Vista Ridge Methodist Discovery Preschool

Emergency Medical Consent Form

Vista Ridge Discovery Preschool has my permission to obtain emergency medical treatment for my child, _____ when I cannot be reached or if a delay in reaching my child would be dangerous for him/her.

Mother's name _____

Home phone _____ Cell phone _____

Father's name _____

Home phone _____ Cell phone _____

Insurance provider _____

Member ID# _____ Group # _____

Physician's name _____ Phone # _____

Preferred hospital/treatment center _____

Current medications _____, _____

Allergies _____, _____, _____

I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she is in preschool.

Signature of parent

Date

Signature of parent

Date