

# Emergency Medical Permission

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_

Mother: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Father: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Employer: \_\_\_\_\_ Work Number: \_\_\_\_\_

Other Persons to contact in an emergency:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Contact Numbers: \_\_\_\_\_

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I, \_\_\_\_\_, give **New England Preschool Academy, Inc.'s** staff my permission to take my child \_\_\_\_\_

To \_\_\_\_\_ hospital and authorize treatment by the Physician on duty.

Physician's Name: \_\_\_\_\_ Number: \_\_\_\_\_

Known Allergies: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship to child: \_\_\_\_\_