



**CHILDCARE**

**MEDICAL / EMERGENCY RELEASE FORM – SCHOOL YEAR 2008-2009**

Name: \_\_\_\_\_ Registration Date: \_\_\_\_\_

Please list any special problems that your child may have: such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware of.

**Please reiterate these to the staff on duty for each session your child attends.**

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**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:**

**In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the person in charge to take my child to:**

	Licensed Physician	Hospital
Name:		
Address:		
Phone:		

I give my consent for necessary emergency treatment when my child in the care of this physician and/or hospital/clinic.

\_\_\_\_\_  
Signature – Parent/Legal Guardian