

Medical Consent and Release

2011-2012 School Year

Student Name: _____ Class _____ Date of Birth: _____

Student Name: _____ Class _____ Date of Birth: _____

Mother: _____
(Name) (Place Employed) (Work/Cell Phone)

(Address) (Home Phone)

Father: _____
(Name) (Place Employed) (Work/Cell Phone)

(Address) (Home Phone)

EMERGENCY CONTACTS / AUTHORIZATION TO PICK UP CHILD(REN) IN AN EMERGENCY OR EVACUATION

*List at least two emergency contacts other than parents named above.

1. _____
(Name) (Address) (Home Phone) (Cell Phone)

2. _____
(Name) (Address) (Home Phone) (Cell Phone)

3. _____
(Name) (Address) (Home Phone) (Cell Phone)

4. _____
(Name) (Address) (Home Phone) (Cell Phone)

MEDICAL INFORMATION

Allergies / Special Conditions:

Essential Medications & Explicit Instructions:

Pediatrician: _____ Address: _____

Phone: _____

Insurance Company: _____ Subscriber: _____ Policy Number: _____

Winnie the Pooh Preschool, Inc. has my permission to authorize for any emergency medical treatment for my child(ren) in my absence.

In the event no one is able to pick up my child within 30 minutes of an evacuation plan going into effect, I give permission for my child(ren) go home with one of the Winnie the Pooh Preschool teachers.

I release Winnie-the-Pooh Preschool, Inc., it's teachers, substitute teachers, officers, employees, etc. from any claims of negligence resulting from the emergency and/or the pre-authorized taking/administering of essential medication, and will not hold Winnie-the-Pooh Preschool, Inc., it's teachers, substitute teachers, officers, employees, etc. responsible should a situation occur where this release is challenged.

Mother Signature Date

Father Signature Date

This release must be signed by both parents whenever possible.