

# Little Lambs Preschool

## Emergency Medical Treatment Authorization

Child's full name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Name child is to be called \_\_\_\_\_

I, \_\_\_\_\_, parent or guardian of the child named above, give my permission to Little Lambs Preschool to secure and authorize such emergency medical care and treatment as my child might require while under the Provider's supervision. I also authorize the Provider to administer emergency care of treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

**Note: Every effort will be made to notify parents *immediately* in case of emergency.**  
In the event of an emergency, it would be necessary to have the following information.

Name of Parent or Legal Guardian: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Name of Parent or Legal Guardian: \_\_\_\_\_

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

Home phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Doctor: \_\_\_\_\_ Ph.# \_\_\_\_\_

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

Preferred Hospital to Contact: \_\_\_\_\_ Ph.# \_\_\_\_\_

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

Dentist: \_\_\_\_\_ Ph.# \_\_\_\_\_

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

Person(s) to contact in an emergency if parents are unavailable:

Name	Home#/Cell#	Work#	relationship
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_____	_____	_____	_____
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_____	_____	_____	_____
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Child Care Provider: \_\_\_\_\_ Ph.# \_\_\_\_\_

Present medication(s): \_\_\_\_\_

Known allergies: \_\_\_\_\_

Date of last tetanus: \_\_\_\_\_ Religious preference: \_\_\_\_\_

Insurance provider & number: \_\_\_\_\_

I give permission for Little Lambs Preschool to apply sunscreen and insect repellant as needed.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Preschool staff are the only ones who have access to this information.

Updated \_\_\_/\_\_\_/\_\_\_ initials \_\_\_\_\_

Updated \_\_\_/\_\_\_/\_\_\_ initials \_\_\_\_\_