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 # _____
Physician's address _____
Preferred hospital/treatment center _____
Hospital Address_____
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