

# MEDICAL EMERGENCY RELEASE

## 2016 - 2017 FBCW Preschool

In case of medical emergency, I understand every effort will be made to contact parents or guardians. In the event I cannot be reached, I authorize the school to acquire necessary medical attention, including having the child transported to a hospital or medical treatment facility.

Child's Name \_\_\_\_\_

Parent's Signature \_\_\_\_\_

Date \_\_\_\_\_

Emergency Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Doctor's Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

### Medical History:

**Is there any evidence of:**

Hearing loss or difficulties? \_\_\_\_\_

Vision difficulties? \_\_\_\_\_

Speech difficulties? \_\_\_\_\_

### List any:

Hospitalizations: \_\_\_\_\_

Surgeries: \_\_\_\_\_

Other serious illnesses: \_\_\_\_\_

Allergies\*\*: \_\_\_\_\_

**\*\* Allergies that will affect the classroom will require a doctor's note explaining the specific allergies and their severity.**