

MEDICAL EMERGENCY RELEASE 2018 - 2019 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.**