

The Children's Center Preschool Broomfield, CO

PRESCHOOL EMERGENCY AND MEDICAL RELEASE FORM

Student's Name: _____ **School Year:** _____

Please number guardian and emergency contact in order of preference your desired call order in the case of illness or injury.

- One of the below must be available to pick up child if he/she has to go home

() **Parent/Guardian #1 Name:** _____

Cell Phone: _____ **Home Phone:** _____

Home Address: _____

Work Phone: _____ **Email:** _____

Employer: _____

Employer Address: _____

() **Parent/Guardian #2 Name:** _____

Cell Phone: _____ **Home Phone:** _____

Home Address: _____

Work Phone: _____ **Email:** _____

Employer: _____

Employer Address: _____

Student Lives with ___ Both Parents ___ Parent#1 ___ Parent#2 ___ Guardian ___ Foster Home

() **Emergency Contact Person#1** _____

Cell Phone: _____ **Home Phone:** _____

Home Address: _____

() **Emergency Contact Person#2** _____

Cell Phone: _____ **Home Phone:** _____

Home Address: _____

Medical Information

Medical Personnel to be contacted in case of emergency:

Physician Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ **Zip Code** _____

Dentist Name: _____ **Phone Number:** _____

Street Address: _____

City: _____ Zip Code _____

Medical Insurance Provider: _____

Policy Number: _____

Member Name: _____

Hospital of Choice: _____

Does this child have food allergies: YES NO

If yes, please specify: _____

Does this child have drug allergies: YES NO

If yes, please specify: _____

Is an Epi-Pen required/Prescribed by a doctor: YES NO

Does this child have asthma? YES NO

If yes, list triggers: _____

Has an inhaler been prescribed by a doctor? YES NO

Does this child have any other medical conditions/illnesses? YES NO

If yes, please specify: _____

Please list any important information to help us better care for your child while at school:

Please list any daily medications your child takes at home (including vitamins):

***All medications given at school MUST be provided by the parents and MUST have a DOCTOR'S ORDER (school forms)**

AUTHORIZATION

- I acknowledge that my child will be playing outside each day for 30 minutes. I will apply sunscreen if I feel it necessary.
- Each year the school nurse prepares a confidential list that includes students who have significant health concerns. This confidential list is shared with staff for the sole purpose of protecting the health and well-being of the student. By signing below you allow the nurse to share any information deemed appropriate.
- In the event of an emergency and if all efforts to reach me have been unsuccessful, I give authorization for my child to be taken to the nearest emergency room and to be treated there by my doctor or his/her substitute. I understand that this authorization will accompany my child and that efforts will continue to be made to reach me. I further agree to assume all financial obligations incurred.

Parent/Legal Guardian Signature: _____ Date: _____