the center
Stanley & Cookie Chera
Early Childhood Center

MEDICAL RELEASE/PERMISSION FORM

AUTHORIZATION FOR PEDIATRIC EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

EXPLANATION: It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parent of the child cannot be contacted immediately, this form may be extremely important. The authorization granted herein would be used only when absolutely necessary and only after every attempt has been made to contact the parents. Please indicate below three emergency numbers at which we may be able to reach one of the parents or obtain information about their whereabouts. We find that doctors and hospitals refuse to give any treatment unless they have authorization from the parents. As you know, time can be a factor in any emergency and this would assure that no time is lost in giving immediate treatment.

AUTHORIZATION in the event my child requires medical care, I hereby authorize the doctor and or hospital to which he/she is brought to perform any and all necessary procedures and render any indicated treatment, while he/she is under the jurisdiction of the SCC Nursery.

EMERGENCY INFORMATION

Child's Name_____ **Date of Birth**_____

Father's Name_____ **Mother's Name**_____

Home Address_____ **Home Phone**_____

Mother's Cell Phone_____ **Father's Cell Phone**_____

Father's Work Address_____ **Work Phone**_____

Mother's E-Mail_____ **Father's E-Mail** _____

Doctor's Name_____ ____ **Phone**_____

List All Child's Allergies, if any. _____

Medical Insurance Company **Policy #**

Address **Phone**

The SCC Nursery has my permission to release my child, _____to the following people:

NAME	RELATIONSHIP	PHONE

1. _____

2. _____

3. _____

I understand that I will send a note to the school when someone other than a parent will pick up my child from school. In the event I cannot, the staff is authorized to release my child to the above adults only.

SIGNATURE_____ **DATE**_____