



## EMERGENCY MEDICAL CARE PERMISSION AND INFORMATION

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_ Sex: M F

Medical Conditions: \_\_\_\_\_

Medications: \_\_\_\_\_

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

Child's Physician \_\_\_\_\_ Clinic \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Insurance Company \_\_\_\_\_ Phone Number \_\_\_\_\_

Policy Number \_\_\_\_\_

*This is to advise that I, \_\_\_\_\_, hereby authorize and direct \_\_\_\_\_  
to consent to any and all medical care for my child, \_\_\_\_\_ in an emergency or  
life threatening situation that may arise during the period that I or the other parent can not be reached.*

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Parent Signature \_\_\_\_\_



### Photograph Release

\_\_\_\_\_ Salem Preschool has my permission to post pictures that include my child on Salem Preschool's Facebook page, Salem Preschool's website and for use in, but not limited to, program slide shows, bulletin board displays, and flyers promoting our preschool.

\_\_\_\_\_ I **do not** give my permission for pictures that include my child to be used in the above ways.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_