

Wildwood Preschool
7426 SW 53rd Avenue Portland, OR 97219 503-246-1034
www.wildwoodpreschool.net

Authorization & Medical Emergency Form

Child's Name & Date of Birth: _____

Preferred Hospital: _____ Phone: _____

Name of child's Physician: _____ Phone: _____

Two names/ telephone numbers, other than parents, to contact in case of illness.

1: _____ Phone: _____

2: _____ Phone: _____

Allergies and reaction associated with allergy or medical conditions:

Does your child see a specialist for any reason? If Yes, please explain:

Please list any other important information you feel we should know about your child:

I give permission for my child to be photographed while at school and on field trips _____

I give my permission for my child's photo to be posted at school and on the schools website _____

Please include my address, email and phone number in the school directory _____

As the parent or legal guardian of _____, I hereby authorize any medical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor.

Insurance

Company _____ Phone# _____

Subscriber _____ Policy # _____ Group # _____

Signature _____ Date _____

