First Steps To Big Dreams Preschool

Consent for Emergency Treatment

Child's Name: _____

I, the parent/legal guardian of the child listed above, hereby authorize **First Steps To Big Dreams Preschool** and its qualified staff members to provide emergency first aid and CPR if my child requires immediate assistance while in the care of the program.

I further authorize my child to be transported by ambulance, emergency medical vehicle, or authorized staff transportation to an emergency medical facility for evaluation and treatment when deemed necessary.

In the event that I cannot be reached, I give permission for licensed medical professionals, physicians, and/or hospital staff to provide any necessary medical, surgical, or hospital care and treatment deemed immediately necessary to protect the health and safety of my child.

I understand that in the event emergency transportation is required, I am responsible for all costs and expenses associated with transportation and emergency medical services.

Child Medical Information

Child's Physician:

Physician's Address:

Preferred Hospital:

Hospital Address:

Clinic/Hospital Phone Number:

Medical Insurance Provider:

Insurance Policy/Member Number:

Date of Last Physical/Check-Up:

Allergies or Medical Concerns:

Parent/Guardian Information

Father/Guardian Full Name:

Mother/Guardian Full Name:

By signing below, I acknowledge that I have read and understand this emergency treatment authorization and give permission for emergency care to be provided to my child as outlined above.

Father/Guardian Signature:

Date: ____

Mother/Guardian Signature:

Date: ____

First Steps To Big Dreams Preschool
Emergency Authorization Form