**Mini Masters Preschool**

**Consent for Emergency Care**

**(please return with Enrollment)**

**Student:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Sex:\_\_\_\_\_ Birthdate:\_\_\_\_\_\_\_\_\_**

**Home Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip:\_\_\_\_\_\_\_\_\_\_\_**

**Father’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Mother’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Best contact #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Nearest Friend/Relative: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Family Doctor:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Insurance Company:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Group #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Be it known, that in the event that I cannot be reached, I, the undersigned parent or guardian of the student above named, do hereby give and grant unto any medical doctor or hospital, my consent and authorization to render such aid, treatment or care to said student as, in the judgment of said doctor or hospital, may be required, on an emergency basis, in the event said student should be injured or stricken ill while attending preschool.**

**It is hereby understood that the consent and authorization hereby given and granted are continuing, and are intended by me to extend as long as registered in preschool during the current school year.**

**It is further understood that insurance and/or the parent of said student will pay for any expenses incurred. Payment of the expense is not a preschool responsibility.**

**Yes, I give my consent:\_\_\_\_\_\_**

**No, I do not give my consent:\_\_\_\_\_\_**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_**