

Emergency Consent Form

If your child needs emergency medical care and you are not available to give formal consent to medical authorities, The Playschool at Mountain Park has my permission to call an ambulance. In the event of a medical emergency, this form will accompany your child to the hospital so that treatment can be rendered. Emergency drivers will determine the nearest hospital. I/we hereby authorize The Playschool at Mountain Park to give consent for all medical treatment that may be required for our child.

Child's Name: _____ Child's Birth date: _____

Physician: _____ Telephone: _____

Dentist: _____ Telephone: _____

Mother/Guardian's Name: _____

E-Mail Address: _____

Home Phone: _____ Cell: _____ Work: _____

Father/Guardian's Name: _____

E-mail Address: _____

Home Phone: _____ Cell: _____ Work: _____

My insurance provider is: _____

My child's medical record number is: _____

Preferred hospital/treatment center: _____

My child is taking the following medications.

My child has the following allergies:

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date

The Playschool at Mountain Park

2 Mt. Jefferson Terrace * Lake Oswego, OR 97035 503-636-8962