

Emergency Consent Form

The Playschool at Mountain Park 2 Mt. Jefferson Terrace Lake Oswego, OR 97035 503-636-8962

Child's Name: _____ Child's Date of Birth: _____

Primary Guardian(s):

Name: _____ Relationship to Child: _____

E-Mail Address: _____

Home Phone: _____ Cell: _____ Work: _____

Name: _____ Relationship to Child: _____

E-mail Address: _____

Home Phone: _____ Cell: _____ Work: _____

Medical:

Physician: _____ Telephone: _____

Physician Address: _____

Preferred Hospital (in case of emergency): _____

Dentist: _____ Telephone: _____

Dentist Address: _____

My child is taking the following medications: _____

My child has the following allergies: _____

My child has the following health conditions: _____

If my child needs emergency medical care and I am not available to give formal consent to medical authorities, The Playschool at Mountain Park has my permission to call an ambulance. Emergency drivers will determine the nearest hospital. By signing below, I hereby authorize The Playschool at Mountain Park to give consent for all medical treatment that may be required for our child.

Signature of Primary Guardian

Date

In the event of a medical emergency, this form will accompany your child to the hospital so that treatment can be rendered.