

Small Oaks Christian Preschool-Emergency Information

Child's Name _____ Birthdate _____
Weight _____ Height _____ Place _____
Parent's Name _____ Photo _____
Address _____ Here _____
Home phone _____ Cell phone _____
City _____ Zip Code _____
Emergency Contact name and phone number _____

Allergies/Medical conditions

Insurance provider _____ Group # _____
Physician's name _____ Address _____
Phone # _____
Dentist name _____ Address _____
Phone# _____

Medical Consent

I hereby give my consent to Small Oaks Christian Preschool to seek emergency medical attention for my child. In the event of an emergency, Small Oaks will first call 911 and then make reasonable effort to contact a parent or guardian at the numbers listed. I give permission for my child to be transported to the emergency room at Medical Center of the Rockies 2500 Rocky Mountain Av, Loveland CO. 970-624-2500 if deemed necessary by emergency personnel. If it is not possible to locate the parent's we agree that any expenses incurred will be paid by the child's family.

Parent's signature _____
Home phone _____ Cell phone _____

Name address and phone number of hospital of choice:

This Medical Consent is good for 1 year from date _____