

# Sunny Hills Preschool

## Authorization & Medical Emergency

Child's Full Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Name of Child's **Physician** \_\_\_\_\_ Phone \_\_\_\_\_

Two names and telephone numbers, other than parents, to contact in case of illness:

1) \_\_\_\_\_ Phone \_\_\_\_\_

2) \_\_\_\_\_ Phone \_\_\_\_\_

Allergies and reaction associated with allergy or Medical conditions: \_\_\_\_\_

Please list any other important information that you feel we should know about your child: \_\_\_\_\_

I give permission for my child to be photographed while at school or on field trips. \_\_\_\_\_

I give my permission for my child's photo to be posted at school and on the schools website. \_\_\_\_\_

As parent or legal guardian of \_\_\_\_\_, I hereby authorize Sunny hills Preschool to take my child to any available physician or medical treatment facility, consent to any medical or surgical treatment of the above named child, when such parent or legal guardian cannot be located when the child is brought in for treatment.

Insurance Company \_\_\_\_\_ Phone # \_\_\_\_\_

Policy Holder \_\_\_\_\_ ID # \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_