

Sunny Hills Preschool

Medical Emergency Form

Child's Full Name _____ Date of Birth _____

Preferred Hospital _____ Phone _____

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

1) _____ Phone _____

2) _____ Phone _____

Please list any 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 certify that my child has had all of his/her required vaccinations.

I, _____, Parent or Legal Guardian of _____

a minor child, hereby authorize any Medical treatment which may be necessary in an emergency, and in my absence, for the well being of the above mentioned minor.

Insurance Company _____ Phone # _____

Subscriber _____ Policy# _____ Group# _____

Signature _____ Date _____