

**LITTLE GREEN SPROUTS PRESCHOOL
PHYSICIAN, DENTIST & MEDICAL FACILITY INFORMATION FORM**

In the event of a medical or dental emergency, every attempt will be made to reach the parent/guardian or authorized emergency contacts. However, if time is of the essence, we will also contact the child's physician, dentist or hospital, and transport the child to location as advised, and present them with the "Consent for Emergency Medical Treatment" form, as authorized by the parent/guardian.

Child's Name _____ Date of Birth _____

Child's Physician: _____ Phone #: _____

If physician is part of a medical group, please list the name of the group:

Child's Dentist: _____ Phone #: _____

Preferred Hospital or Medical Facility: _____
Phone #: _____

Parent/Guardian Name (Print): _____ Date _____

Parent/Guardian Signature: _____

Parent/Guardian Name (Print): _____ Date _____

Parent/Guardian Signature: _____