

CONSENT FOR EMERGENCY MEDICAL TREATMENT

As the parent or authorized representative, I hereby give consent to Little Green Sprouts Preschool or their representative to obtain all emergency medical or dental care prescribed by a duly licensed Physician, Osteopath or Dentist for _____ (child's full name)

This care may be given under whatever conditions are necessary to preserve the life, limb or well-being of the above named child.

Child has the following medication allergies:

Child has the following medical conditions:

Parent/Guardian's Name (Print): _____

Date: _____

Signature: _____

Home Address: _____

Home/Cell Phone: _____ Work Phone: _____

Parent/Guardian's Name (Print): _____

Date: _____

Signature: _____

Home Address: _____

Home/Cell Phone: _____ Work Phone: _____