

# Little Fishes Preschool

## Medical Treatment Authorization and Consent

I, \_\_\_\_\_ [Full Legal Name of Parent/Guardian] hereby give consent as the [parent/legal guardian] of \_\_\_\_\_ [Child's Full Name] for Little Fishes Preschool to provide medical care and treatment and emergency medical services associated with participation in Little Fishes Preschool and give my consent to Little Fishes Preschool and its representatives to obtain medical care from any licensed physician, hospital or clinic for the above-mentioned child for injury that could arise from activities in this program.

I further authorize release of any medical information necessary to provide treatment or to process a claim for accident/medical payment insurance for an injury or illness incurred while my child is participating as a member of the Little Fishes Preschool.

This authorization is for the time period when my child is in the care of **Little Fishes Preschool**, my child's **Preschool** and is effective **09/01/2018** until **06/30/2019**.

### Child's Information

Child's Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

### Parent/Guardian's Information

Parent's/Guardian's Name 1: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ Phone Number (C): \_\_\_\_\_

Parent's/Guardian's Name 2: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number (H): \_\_\_\_\_ Phone Number (C): \_\_\_\_\_

### Child's Health Information

Health Conditions (e.g. Asthma, Diabetes): \_\_\_\_\_

Allergies (e.g. to Medications, Food): \_\_\_\_\_

Prescription Medications: \_\_\_\_\_

Date of Last Tetanus Injection/Booster: \_\_\_\_\_

### Child's Medical Care and Insurance Information

Physician/Pediatrician: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Dentist/Orthodontist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Preferred Medical Facility: \_\_\_\_\_

Insurance Company: \_\_\_\_\_

Policy/Group Number: \_\_\_\_\_ Policy Holder: \_\_\_\_\_

### SIGNATURE OF PARENT/GUARDIAN

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

Print Name \_\_\_\_\_