

Sunbeams Nursery School

253 Myers Corners Road
Wappingers Falls, NY 12590
845-297-3408



Emergency Medical Release Form

for

Child's Name: _____

Address: _____

I give permission for the Director or Teacher to take whatever steps may be necessary to obtain emergency medical care for my child. These steps may include, but are not limited to, the following:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact persons listed below.
4. If we cannot contact any of the above we will do any or all of the following:
 - a) call another physician
 - b) call an ambulance
 - c) take the child to any emergency hospital in the company of a staff member
5. Any expenses incurred not covered by Sunbeams' Accident Insurance Policy will be paid by the child's family.
6. Sunbeams will not be responsible for anything that may happen as a result of false or incomplete information given at the time of enrollment.

Parent's Signature: _____ Date: _____

Persons to be called in Case of Emergency:

Parents

1. _____ Home # _____ Work # _____ Cell # _____

2. _____ Home # _____ Work # _____ Cell # _____

Others

1. _____ Relation to Child: _____ Phone: _____

Address: _____

2. _____ Relation to Child: _____ Phone: _____

Address: _____

Medical Information

Child's Physician: _____ Phone: _____

Emergency Hospital Preference: _____

Is your child allergic to any medications? If so, list these or any information hospital personnel should know in case Sunbeams must transport

your child to the hospital without you: _____