EARLY LEARNING CAMPUS

Medical Release Form

I hereby give permission for Early Learning Campus to seek medical care, for my child/children, in the event of any medical emergency.

_____ _____
Signature of Family Member or Guardian Date

Child's Name _____
Last First Middle
Child's Address: _____
Street City/State/Zip
Child's Birth date:_____
Child's Doctor _____**Phone**_____
Address_____

Hospital to use in an emergency:
Guardian/ Caregiver's Name _____**Phone**_____

Guardian /Caregiver's Address_____

Employed At _____**Phone**_____

Guardian/ Caregiver 2's Name_____

Guardian /Caregiver 2's Address_____

Employed At _____**Phone**_____
If caregivers aren't available, nearest friend or relative to contact in case of an emergency:
Name _____**Phone**_____
Address _____**Work/Cell Phone**_____
Relationship to Child _____

Emergency Care

Should the need arise the following emergency treatment procedure will be followed.

- A trained and certified staff member will take whatever immediate steps necessary to stabilize the child's condition
- If further care is needed, appropriate medical personnel will be contacted (i.e. 911)
- Staff will notify Caregiver/Guardian of situation as soon as possible.

Please be sure that we have up-to-date emergency information at all times.