

Sweet Honeybee Preschool

Medical Emergency Release

www.sweethoneybeepreschool.com

Child's Name: _____ Age: _____ DOB: _____

In the Event of Emergency

In the event of a medical emergency, I give permission for Sweet Honeybee Preschool to:

- a) Seek medical attention on behalf of my child if I am unreachable. _____ Initial
- b) Be transported in a staff vehicle or ambulance to a local emergency center for treatment. _____ Initial
- c) Authorize dental or medical treatment, medication, or procedures that are deemed immediately necessary by a licensed medical professional in the event a parent/guardian cannot be reached. _____ Initial

Child's Primary Physician:

Phone #:

Child's Dentist:

Phone #:

Preferred Hospital:

Phone #:

Child's Medical Insurance:

Group #

ID/Subscriber #

Allergies, Medications, Medical Conditions

List any food, drug, or other allergies your child has.

List any current or regular medication your child is taking.

List any chronic illness or health problems that may interfere with emergency medical care.

Parent Guardian Name (printed) _____

Parent/Guardian Signature: _____ Date: _____

Note: This form will be valid as long as your child is enrolled at Sweet Honeybee Preschool. If you would like to make changes to your form please let us know so that we may update your information.

ADDRESS

3957 Fremont Ave N, Seattle, WA 98103

PHONE

[206] 755-5096

EMAIL

sweethoneybeepreschool.com