

Medical/Emergency Release Information



Child's Name _____

Home Address _____

Home Phone _____

Guardian's Name _____ Cell # _____ Work # _____

Guardian's Name _____ Cell # _____ Work # _____

Emergency Contact _____ Cell # _____

Address _____

Emergency Contact _____ Cell # _____

Address _____

Physician's Name _____ Phone # _____

Address _____

Hospital Preferred _____

Address _____

In the event that an emergency occurs, I authorize Chatham Methodist Preschool to seek medical care for my child, _____, as deemed necessary by the Director and/or teacher in charge. I understand that the school will notify me as soon as possible.

Signature _____ Date _____