



Chatham Methodist Preschool  
Medical/Emergency Release Form

I \_\_\_\_\_ the parent of \_\_\_\_\_ give  
the staff of Chatham Methodist Preschool permission to provide emergency  
medical treatment for my child in the event of an illness or injury. If transportation  
to a hospital is necessary I would like to have my child taken to the following  
hospital if possible \_\_\_\_\_.

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

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Cell Number: \_\_\_\_\_

Emergency Contacts:

Name/phone: \_\_\_\_\_

Name/phone: \_\_\_\_\_