



Intervention Center For Early Childhood

EMERGENCY MEDICAL RELEASE FORM

Name of Child: _____
Last First Middle

Date of Birth: _____ Sex: _____

Name of Father: _____

Name of Mother: _____

Address: _____

Home Phone: _____ Email: _____

Father's Cell or Business Phone #: _____

Mother's Cell or Business Phone #: _____

In the event that my (our) child _____ becomes ill or sustains injury while in the care of the Intervention Center for Early Childhood, we give our permission to those in charge to take whatever steps are necessary. If it is not possible to reach the parent of the physician named to receive instructions for the child's care, consent is given to any licensed physician and/or surgeon to whom the child is taken for treatment. They can administer drugs, medicine and perform such surgical procedures as he/she thinks the emergency requires for the relief of pain and to preserve the life and health of my (our) child.

Date: _____

Signature of Parent/Guardian: _____

Current Medications your child is taking:

Name of Medication	Purpose for the Medication & Dosage
_____	_____
_____	_____
_____	_____