

Playmates Preschool
Emergency Medical Care Permission Form

In case of sickness or accident, I hereby consent to Playmates Preschool, in the event the parents cannot be reached, to provide emergency care through a clinic, hospital, or doctor for:

Child's Name _____

Parent's Signature _____ Date _____

Name of Doctor _____

Address _____ Phone _____

Name of hospital or clinic _____

Address _____ Phone _____

Names of two persons to notify:

Name _____ Phone _____

Relationship to child _____

Name _____ Phone _____

Relationship to child _____

Permission to Pick Up Child

Please give one or two names of persons, other than parent, who has permission to pick your child up at Playmates Preschool. If you have changes, we must be notified.

Name _____ Phone _____

Name _____ Phone _____

Parent's Signature _____ Date _____