



2301 East Court Street
Lower Level
Iowa City, IA 52245
338-3949

Date: _____

PARENTAL EMERGENCY MEDICAL CONSENT

This form must be presented upon admission for treatment.

Child's Full Name _____ Date of Birth _____

In the event that my child (listed above) may require medical and/or surgical care while I am out of the city or unable to be reached, I hereby give my consent to **medical and/or surgical treatment to:**

Hospital _____ **and Doctor** _____

or his/her designee to provide this care. In the event that my child (listed above) may require dental and/or dental surgical care while I am out of the city or unable to be reached, I hereby give my consent for **dental and/or surgical care to:**

Hospital _____ **and Dentist** _____

or his/her designee to provide this care. **I agree to pay all the costs and fees contingent on any emergency medical care and/or treatment for my child as secured or authorized under this consent.** COMMENT: Every effort will be made to notify parents/guardians immediately in case of emergency. This form will be presented upon admission for treatment.

1. Parents/Guardians/Custodians with whom the child resides:

Name _____ Relationship to Child _____

Address _____ Home Phone _____ Cell Phone _____

Employer _____ Email Address _____

Work Phone _____ Work Hours _____

Name _____ Relationship to Child _____

Address _____ Home Phone _____ Cell Phone _____

Employer _____ Email Address _____

Work Phone _____ Work Hours _____

2. Local persons to contact in case of emergency if parents are unavailable, and are authorized to pick up child:

Name _____ Relationship to child _____

Address _____ Home Phone _____ Cell Phone _____

Employer _____ Email Address _____

Work Phone _____ Work Hours _____

(see back)

2. (cont.) **Local persons to contact in case of emergency if parents are unavailable, and are authorized to pick up child:**

Name _____	Relationship to child _____	
Address _____	Home Phone _____	Cell Phone _____
Employer _____	Email Address _____	
Work Phone _____	Work Hours _____	

3. **Medical information:**

Child's Doctor _____	Phone# _____	Address _____	City _____
Child's Dentist _____	Phone # _____	Address _____	City _____
Date of Last Tetanus _____	Known Allergies _____		
Present Medication _____	Religious Preference _____		
Insurance Company _____	Policy I.D. # _____		

This consent will be in effect for one year beginning September 1, 2012.

Signature of Parent/Guardian _____ Date _____

Signature of Parent/Guardian _____ Date _____

TRAVEL PERMISSION

I hereby give my permission for my child _____ to leave Our Redeemer Preschool for trips in a car or on public transportation to special places, and for neighborhood walks.

Restrictions: _____

Parent Signature _____

MEDIA POLICY

I hereby give my permission to allow my child _____ to be photographed for use by Our Redeemer Preschool in the newspaper or other media as specified in the Parent Handbook.

YES _____ NO _____ (Mark "X" to select answer.)

Parent Signature _____

SUNSCREEN APPLICATION PERMISSION

I hereby give my permission for my child _____ to have applied a sunscreen product that is broad spectrum with SPF 15 or higher to my child when he/she will be playing outside at Preschool. I understand that sunscreen may be applied to exposed skin, including but not limited to the face (except eyelids), tops of ears, nose, bare shoulders, arms and legs.

Restrictions: _____

Parent Signature _____