

Sweet Dreams Academy and 24-7 Child Care

RELEASE FOR EMERGENCY CARE

To Whom It May Concern:

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child _____

Child's Name

In the event of an emergency at which I can not be reached. I give my consent to transport by ambulance if situation warrants it.

Family Physician' Name

Phone #

Allergies _____

Date of last DPT or Tetanus _____

Insurance Company covering child _____

Policy Number _____

Expiration Date _____

Signature of Parent of Legal Guardian

Date

Home Phone _____

Work Phone _____

Emergency Contact and Phone Number _____