

All About Kids Preschool

7123 Baird Ave

Reseda, CA 91335

Phone: (818) 343-1047

Email: allaboutkidspreschool@aol.com

AUTHORIZATION TO TREAT A MINOR

I hereby grant permission for the staff of All About Kids Preschool to administer basic first aid to my child _____

(Name)

(Birth Date)

I also grant permission for the staff of All About Kid Preschool to provide emergency medical or dental treatment to my child, transport my child to the nearest hospital emergency room, if needed, and for the attending medical personnel to administer any and all diagnostic tests, X-rays, and medical treatment to my child deemed necessary (to preserve the life, limb, or well being of the child named above by a licensed physician (M.D, D.O, or D.D.S.).

It understood that every effort will be made to contact me prior to treatment. However, any necessary treatment will not be withheld if I cannot be reached.

Parent /or Legal Guardian

Signature

Date

Home Phone _____ Day Time Phone _____ Cell _____

EMERGENCY CONTACT INFORMATION

It is understood that All About Kids Preschool will make every effort to contact me if an emergency situation should arise. However, if I cannot be reached I authorize the person(s) named below to make all decisions necessary to insure the well being of my child.

Name _____ Home _____ Work _____ Cell _____

Child's Physician _____ Phone _____

Address _____ City _____ Zip _____

Please list any allergies or medical conditions of which the school and/or medical personnel should be aware: _____

Insurance Coverage for Child:

Health insurance ___yes___ no

Name of Insured _____ Employer Name _____

Employer Address _____ City _____ Zip _____

Insurance Co. Name _____ Address _____ City _____ Zip _____

Group Number _____ Policy Number _____