



## Brush Creek Nursery School ~ Emergency and Medical Release

**Please fill out and sign BOTH the top and bottom portion of this form – we keep two forms on file!**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last First

Parents' Names: \_\_\_\_\_

Parents' Address (es): \_\_\_\_\_

Home phone: \_\_\_\_\_

Alternate/Cell phones: Mother: \_\_\_\_\_ Father: \_\_\_\_\_

Alt. emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name

Child's physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Child's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_ **Allergies:** \_\_\_\_\_

*As the parent or authorized representative, I hereby give consent to BCNS to obtain all emergency medical or dental care prescribed by a duly licensed physician, osteopath, or dentist. This care may be given under whatever conditions are necessary to preserve the life, limb or well being of the child named below:*

Child's Full Name: \_\_\_\_\_ Signed: \_\_\_\_\_

Date: \_\_\_\_\_ Relationship: \_\_\_\_\_



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