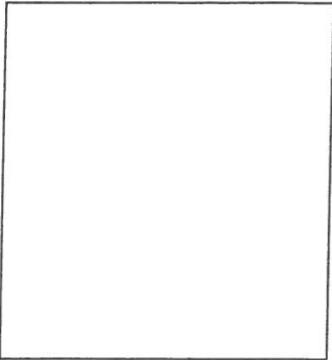


ABSENT PARENT'S CONSENT FOR EMERGENCY TREATMENT OF MINORS

I authorize the Sterling House Preschool to administer first aid if necessary. If further medical treatment is needed, I give permission for my child to be transported to Bridgeport Hospital by Stratford EMS Personnel.

I authorize any licensed physician to provide proper treatment, order injections, hospitalize, give anesthesia, or perform surgery for

_____ age _____
child's full name
during my absence from September 5, 2017 to June 15, 2018



I understand that this authorization is given prior to any need for medical care, but is given to avoid unnecessary delay in emergency treatment which the physician may deem advisable in the exercise of his/her best judgment. I presume a reasonable attempt will be made to contact me at

Mom-name _____ work _____ cell _____

Dad name _____ work _____ cell _____

or _____ at _____
(emergency person OTHER THAN PARENT) (telephone & ext.)

I understand that any expense incurred through transporting and/or treatment of my child is my responsibility except in Sterling House's negligence.

_____ (date) _____ (Parent/Guardian Signature)

In the event of an emergency,

My physician is: _____ Phone _____

My Dentist is: _____ Phone _____

Insurance Co. of Parent: _____ Policy # _____

List of Allergies: _____

I understand that this information will be used solely to plan and coordinate the care of my child and will be kept confidential and may only be shared with:

CHILD DEVELOPMENT CENTER RELEASE AUTHORIZATION

Please list below the people who are authorized to pick up your child if you are unable to do so. These are the ONLY people we will allow your child to leave with. Please notify the office in writing if one of these people will be picking up your child.

I authorize the staff of the Sterling House Child Development Center to release my child _____ to the following:

- 1. _____ (name) _____ (Relationship) _____ (Telephone #)
- 2. _____ (name) _____ (Relationship) _____ (Telephone #)
- 3. _____ (name) _____ (Relationship) _____ (Telephone #)
- 4. _____ (name) _____ (Relationship) _____ (Telephone #)

_____ (date) _____ (Signature of person legally responsible for child)