

**ABSENT PARENT'S CONSENT FOR EMERGENCY TREATMENT OF MINORS**

I authorize the Sterling House Pre-School 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 \_\_\_\_\_ during my absence from September 6, 2016 to June 2, 2017.  
child's full name\_

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:

\_\_\_\_\_

Childs Name \_\_\_\_\_

**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 #)
5. \_\_\_\_\_  
(name) (Relationship) (Telephone #)

\_\_\_\_\_ (date) \_\_\_\_\_ (Signature of person legally responsible for child)