



Easton Learning Adventures Preschool

115 Main Street, North Easton, MA 02356
(508) 230-7445

First Aid and Emergency Medical Consent Form

Child's Full Name: _____ Date of Birth: _____

I authorize the staff, trained in the basics of first aid, to give my child first aid when appropriate. I understand every effort will be made to contact me in the event of an emergency requiring medical attention for my child. In the event that I cannot be reached, I authorize school staff to transport my child to the nearest medical facility and/or to

and/or secure medical treatment for my child.

Signature

Date

Physician

Child's Physician: _____

Health Insurance Co. _____

Practice Name: _____

Health Plan # _____

Street: _____

Policy # _____

City, State, Zip: _____

Phone: _____

Emergency Contacts: To be contacted in the order listed after attempts to reach BOTH parents/guardians have failed. The school and its staff have permission to release my child to each person listed below.

1

Name: _____

Relationship to Child: _____

Street: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

2

Name: _____

Relationship to Child: _____

Street: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

3

Name: _____

Relationship to Child: _____

Street: _____

Home Phone: _____

City, State, Zip: _____

Work Phone: _____

Cell Phone: _____

I agree to inform the school in writing if any of the above information changes throughout the school year.

Signature

Date