



**Medical Release Form
Celebration Preschool
2020-2021**

In the event that I or my child's pediatrician cannot be reached to make arrangements for emergency medical attention, I authorize Celebration Preschool staff to have my child _____, transported to the emergency room of the nearest hospital. I also authorize the hospital and the medical staff of the hospital to administer treatment considered necessary for the well being of our child. We will assume full financial responsibility for the cost of the ambulance and/or for treatment administered at the hospital.

Please list any medical information for your child that will be beneficial to the hospital and doctors administering care.

Parent/Guardian's Signature _____ Date _____

Parent/Guardian's Signature _____ Date _____

Insurance Information

Insurance Company _____

Name of Insurer _____

Policy Number _____

Pediatrician

Doctor's Name _____

Phone Number _____

Where is your child's doctor on staff? _____