



Medical Release Form
Celebration Preschool
2025-2026

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? _____