

Child's Name _____ Date of Birth _____

Allergic to _____

EMERGENCY AUTHORIZATION AND RELEASE OF CHILD

I hereby give my consent to the Stepping Stone School to call DR. _____ at phone number _____ or a hospital emergency room for Medical or Surgical care of my child should any emergency arise where such service is indicated. I understand that the cost of this care will be paid by me. It is understood that a conscientious effort will be made to notify me before such action is taken – if time permits. I understand that the school will contact me or the names I have designated on this application form to be called for emergencies, if we can't be reached and if time permits. I also give my consent for Stepping Stone School to release my child to the below named persons.

Mother's Name _____ Work # _____
Address _____ Home # _____
Cell # _____ Other # _____

Father's Name _____ Work # _____
Address _____ Home # _____
Cell # _____ Other # _____

Other Name _____ Work # _____
Address _____ Home # _____
Relationship _____ Cell # _____

Other Name _____ Work # _____
Address _____ Home # _____
Relationship _____ Cell # _____

Other Name _____ Work # _____
Address _____ Home # _____
Relationship _____ Cell # _____

Other Name _____ Work # _____
Address _____ Home # _____
Relationship _____ Cell # _____

In order to meet all legal requirements, I hereby authorize Camille Brown, or her acting representative of the Child Enrichment Centers, Inc. dba The Stepping Stone, to give consent for any and all necessary emergency medical care for my child named _____ while said child is in said individual's or her acting representative's custody.

Parent/Guardian Signature _____

