

*Emergency Medical Consent and Release Form
For Shire Early Education*

Shire Early Education Program has permission to obtain emergency medical treatment for my(our) child _____, when I (we) cannot be reached immediately by phone. I give my consent for the staff of Shire Early Education to take my child immediately to receive needed medical care.

Child's Full Name: _____ Birth date: _____

Child's Insurance Provider: _____

Child's Medical Record Number: _____

Preferred hospital: _____

Child's Allergies: _____

Child's Medications: _____

Pertinent Medical History: _____

Guardian #1 Name:

Cell Phone:

Guardian #2 Name:

Cell Phone:

- I understand that I assume all financial responsibility for any treatment or injuries sustained by my child while he/she/they are in care at Shire Early Education.

Legal Guardian #1

Printed Name/ Signature/ Date

_____/_____/_____

Legal Guardian #2

Printed Name/ Signature/ Date

_____/_____/_____