

Stepping Stones
Daycare



EMERGENCY MEDICAL RELEASE

Child's Name _____ Date of Birth _____

Parent(s) Name(s) _____

Address _____

City _____ ST/ZIP _____

Telephone: (home) _____ (work) _____

(cell) _____ (other) _____

Child's Insurance Company _____

ID# _____ Subscriber's Name _____

***Special Conditions, Disabilities, Allergies, or Medical Emergency
Information:*** _____

We ALWAYS lay babies down to sleep on their backs as recommended by the American Academy of Pediatrics. Does your child have a tendency to roll over while sleeping (preferring to sleep on his/her stomach)? YES NO

Comments: _____

Is your baby allergic to any diaper wipes? YES NO Not Applicable

PARENT/GUARDIAN CONSENT

As parent/guardian, I consent to have my child receive first aid by staff and, if necessary, be transported to receive emergency care.

I will be responsible for all charges not covered by insurance.

I give consent for the emergency contact person listed on the enrollment application to act on my behalf until I am available.

I agree to review and update this information whenever a change occurs and at least every six months.

Parent/Guardian Signature: _____ Date _____