

# Caldwell Adventist Elementary School Stepping Stone Early Childhood Center

## 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 \_\_\_\_\_