

# Beautiful Beginnings Preschool & Childcare Parental Consent & Emergency Medical Form

This required form gives permission for medical & dental care in parental absence & must be presented upon admission for treatment. Every effort will be made to notify the parent of guardian immediately in case of emergency.

In the event that my child, \_\_\_\_\_, requires medical, dental, or surgical treatment while I am out of the city or cannot be reached; I hereby give my consent for treatment to Beautiful Beginnings and Doctor/Dentist to provide care. I agree to pay all of the cost and fees contingent on any emergency medical care or treatment for my child as secured or authorized under this consent.

**Name of Parent(s)** \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_  
Home Address \_\_\_\_\_

**Child's Name** \_\_\_\_\_ **Date of Birth** \_\_\_\_\_  
Present Medication \_\_\_\_\_  
Known Allergies \_\_\_\_\_  
Medical History/Problems \_\_\_\_\_  
Date of Last Tetanus \_\_\_\_\_ Insurance \_\_\_\_\_  
Religious Preference \_\_\_\_\_

**Doctor** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_

**Dentist** \_\_\_\_\_ Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

Name/Phone/Work Phone of persons to be contacted in case of emergency if parents are not available or **authorized pickup**.

Name _____	Phone _____	Wk. Phone _____
Name _____	Phone _____	Wk. Phone _____
Name _____	Phone _____	Wk. Phone _____

I give permission for Beautiful Beginnings to **transport** my child to/from field trips and/or school.

Yes  No

Father's Signature \_\_\_\_\_ Date \_\_\_\_\_

Mother's Signature \_\_\_\_\_ Date \_\_\_\_\_