

**Barbara M. Tufts Cooperative Preschool
Emergency Release Form**

Child's Name _____
Address _____ City _____ Zip _____
Birth Date _____ Home Phone _____ Cell Phone _____

The purpose of this form is to enable parents to authorize emergency medical treatment for their child should he/she becomes ill or injured while participating in school activities or on a school-sponsored field trip when parents cannot be reached.

A teacher from the school will supervise students participating in an activity or on a trip. Teachers will make every effort to safeguard the health, safety, and welfare of the student, but the school cannot be held responsible in the event of an accident or injury.

Additional permission is required for all approved activities where the child will be away from school. This form must be returned to school, where a copy will be made and sent with the teacher for each trip.

Either Part I or Part II must be completed by Parent.

Part I – Consent For Emergency Medical Treatment

In the event reasonable attempts to contact me or another responsible adult have been unsuccessful, I hereby give my consent for the transfer of the child to the hospital listed below or any hospital reasonably accessible for treatment.

Facts concerning the child's medical history, including allergies, medication being taken, and any physical impairment to which a physician should be alerted: _____

Mother's Name _____ Father's Name _____
Mother's Emergency Number _____ Father's Emergency Number _____
Hospital Name and Number _____
Doctor's Name and Number _____
Signature of Parent _____ Date _____

Part II – Refusal of Consent For Emergency Medical Treatment

I **do not** give my consent for emergency medical treatment for my child. In the event of illness or injury requiring emergency treatment, I wish the school to take no action, or do the following:

Signature of Parent _____ Date _____

Please list up to three local relatives that you authorize to transport your child home and/or assume temporary care of your child if you cannot be reached.

Emergency/Authorized Pickup 1

Name _____
Home Phone _____
Cell Phone _____
Relationship _____

Emergency/Authorized Pickup 2

Name _____
Home Phone _____
Cell Phone _____
Relationship _____

Emergency/Authorized Pickup 3

Name _____
Home Phone _____
Cell Phone _____
Relationship _____