



# Holy Martyrs ARS Ashkhen Pilavjian Preschool 2018 - 2019 School Year



Child's Name: \_\_\_\_\_

Group: \_\_\_\_\_

Health Insurance Policy # \_\_\_\_\_

Name of Company: \_\_\_\_\_

Dental Insurance Policy # \_\_\_\_\_

Name of Company: \_\_\_\_\_

## CONSENT FOR MEDICAL TREATMENT & EMERGENCY TRANSPORTATION

As the parent or legal guardian, I hereby give consent to Holy Martyrs ARS Ashkhen Pilavjian Preschool ("School") to provide all emergency dental or medical care prescribed by duly licensed physician (MD) or dentist (DDS) as appropriate for ..... This care may be given under whatever conditions necessary to preserve the (Child's Name) life, limb or well being of my dependent. The School will also arrange for emergency transportation (Ambulance or other vehicle) to the nearest medical facility if deemed necessary by School staff. I agree to hold the School harmless for taking any actions authorized hereunder.

**Medical Alert:** Condition..... Medication

.....

Condition ..... Medication

## Emergency Release Information

Student's Name: ..... Phone: .....

Address: .....

Mother's Name: ..... Mobile Phone: .....

Father's Name: ..... Mobile Phone: .....

I authorize the release of my child to the following people during an emergency or regular pick up.:

NAME PHONE RELATIONSHIP

1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		

I understand that emergency information is required by the School for the release and treatment of my child for any problem requiring possible action. It is my responsibility to provide written notifications to the School immediately of any change.

Parent/Guardian Signature: ..... Date: .....

The student was released to ..... (Relationship)

Time of release ..... Date of release ..... Destination .....

Staff verification ..... Signature .....