

**EMERGENCY MEDICAL RELEASE**

In the even that I cannot be reached to make arrangements should emergency medical care be required, I hereby authorize EUMC Mother's Day Out program to give consent for any necessary medical treatment for my child, \_\_\_\_\_.

**insurance company:** \_\_\_\_\_

**subscriber id:** \_\_\_\_\_ **group #:** \_\_\_\_\_

**emergency contact:** \_\_\_\_\_ **phone:** \_\_\_\_\_

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**emergency contact:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**MEDICAL INFORMATION**

**child's physician:** \_\_\_\_\_ **phone:** \_\_\_\_\_

**allergies/reaction/treatment:** \_\_\_\_\_

\_\_\_\_\_

**Does your child have any problems with: speech, vision, hearing, dental? (circle)**

\_\_\_\_\_

**health conditions of which we need to be aware:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Is your child taking any medication regularly?**     YES     NO

**If "yes", list the medication(s)** \_\_\_\_\_

**\*If your child requires medication throughout the day please request a "permission to administer medication" form from the director.**

**\*Please attach current immunization record.**