

Saddleback Valley Unified School District, Child Care Services
MEDICAL RELEASE FORM - PRESCHOOL CONNECTION 2021/2022

Child's Name _____
Last First M.I.

Parent or Guardian Names _____

Child's Home Address _____

Mother's Cell _____ **Father's Cell** _____

Mother's Work _____ **Father's Work** _____

Birthdate _____ **Sex** _____ **Age** _____ **Teacher** _____

School _____

Special Alert- Allergies _____ **Epi Pen** _____ **Inhaler** _____

Legal Documents on File (i.e. restraining order, custody, etc.) _____

Persons other than parents who are authorized to sign out child or to be called in an emergency:

Name	Residing City	Phone	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Out of State Contact- Name _____ **Phone** _____

Note: 911 will be called in an emergency

Doctor's Name _____

Address _____ **Phone** _____

Current Medications _____

Admin. of Medicine form completed **Y** **N** (please see office staff)

Medical Conditions (i.e. allergies, epilepsy, motion sickness, etc.) _____

Hospital Preference _____

Consent to Treat a Minor

The above participant has my permission to engage in all program activities, except as noted by me. In the event that I cannot be reached in an emergency, I hereby give permission to the program staff to hospitalize and secure proper treatment for my child. If an ambulance needs to be called, the program staff has my permission.

Printed Name	Signature	Relationship to child	Date
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Wet signature required - Please sign after printing.