Print Form

Saddleback Valley Unified School District, Expanded Learning Services

MEDICAL RELEASE FORM - PRESCHOOL CONNECTION 2024/2025

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 <u>other than parents</u> 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**

Wet signature required - Please sign after printing.