Sunshine Kids Learning Center
(503) 385-7362 debra@sunshinekidslearningcenter.com

EMERGENCY RELEASE FORM

Either parent, or a guardian, having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-ray examinations, anesthesia, medical and/or surgical diagnosis, and/or treatment and hospital care to be rendered to said minor under the general or special supervision and advice of a physician and surgeon licensed under the provisions of the Medicine Practice Act, or to x-ray examinations, anesthesia, dental and/or surgical diagnosis or treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Emergency Medical Treatment Consent

Child's Name _____

Child's Doctor_____ Phone _____

Child's Dentist _____ Phone _____

Insured's Name _____

Company_____ Policy Number_____

Mother **Father**

_____ _____

Home Phone _____ Home Phone _____

Work Phone _____ Work Phone _____

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Authorization

I _____ and/or _____

Understand the above and hereby authorize **Debra McClaughry** to give permission for any necessary medical, hospital or dental treatment for my child (Child's Full Name)_____

In the event of injury or illness, while the child is in the care of the above named provider. I understand and agree that I would be financially responsible for any medical treatments necessary. I have full understanding that every attempt will be made to contact the parent or guardian in the event medical treatment is necessary. I understand that certain medical emergencies may not allow much time for contact of parent/guardian and that if a life threatening situation arises immediate medical attention will be sought by **Debra McClaughry**.

Signature_____ Date _____