



**County Line United Methodist Church**  
Mother's Morning Out & Preschool Program  
Medical Information & Emergency Release Form



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

**Physician Information:**

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Please list any allergies that you child has:**

\_\_\_\_\_  
\_\_\_\_\_

Medications currently taking? \_\_\_\_\_

**Has your child had a serious illness, surgery or hospital stay? If so, please give brief explanation of event and if there are any long-term results from it. (If you need more room, please use back of form)**

\_\_\_\_\_  
\_\_\_\_\_

**Does your child have any chronic illness?** \_\_\_\_\_

**Does this illness require special care?** \_\_\_\_\_

**I give permission for my child to have the following medicines administered, if needed:**

\_\_\_\_\_ Neosporin                      \_\_\_\_\_ Caladryl Clear                      \_\_\_\_\_ Bactine  
\_\_\_\_\_ Hydrogen Peroxide                      \_\_\_\_\_ Benadryl Cream                      \_\_\_\_\_ Bee Sting Trmt.

Emergency Contact Information:

Please list three names other than yourself in case of illness or accident who will be able to assume care for your child.

<u>Name</u> <u>Phone</u>	<u>Relationship</u>	<u>Phone</u>	<u>Alt.</u>

Please notify the persons named above that they would need to pick up your child in the event of illness or accident if you are unable to do so.

**Emergency Treatment Release:**

In the event of illness or accident that requires immediate medical treatment at a time when a parent cannot be located, I give permission for the County Line United Methodist Mother's Morning Out, Preschool Director or Staff member to provide such emergency treatment to the best of their knowledge and ability. I will not hold County Line United Methodist Mother's Morning Out Director, Preschool Director or their Staff, nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact a parent, the child's physician and other persons listed for emergency contact.

Date: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Signature of Parent: \_\_\_\_\_