



Parental Emergency Medical Consent

Noah's Ark Preschool | 6455 E Ave. NW | Cedar Rapids, Iowa 52405
Ph. 319-396-3125 | office@noahsarkcr.org | Fax 319-390-4728

Child's Full Name: _____

Date of Birth ____/____/____

This form allows parents and guardians to authorize the provision of emergency treatment for above named child who becomes ill or injured while under program authority when parents or guardians cannot be reach. In the event reasonable attempts to contact me at _____ (phone) or _____ (phone) have been unsuccessful, I hereby give consent for the administration of any treatment deemed necessary by Dr. _____ (physician) at _____ (phone) or Dr. _____ (dentist) at _____ (phone) or in the event designated practitioners are not available, then by another licensed physician or dentist; and the transfer of the child to _____ (preferred hospital).

1. Parents/Guardians/Custodians with whom the child resides:

* Name _____ Relationship to child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email _____
Work Phone _____ Work hours _____

* Name _____ Relationship to child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email _____
Work Phone _____ Work hours _____

2. Persons to contact in case of emergency if parents are unavailable (and are authorized to pick up child):

* Name _____ Relationship to child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email _____
Work Phone _____ Work hours _____

* Name _____ Relationship to child _____
Address _____ Home Phone _____ Cell _____
Employer _____ Email _____
Work Phone _____ Work hours _____

3. Are there any custody or restraining orders for person(s) who may attempt to pick-up or have contact with the child while in care at Noah's Ark Preschool?

Name _____ Name _____

4. Medical Information

Physicians Name _____ Dentist name _____
Street Address _____ Street address _____
City, State _____ City, State _____
Phone _____ Phone _____

Date of last tetanus _____ Known Allergies _____
Insurance Company _____ Policy Holder's ID _____

This consent **will be in effect for one year**, beginning _____ (date) School year _____

Signature Parent/Guardian Date

Signature Parent/Guardian Date