



EMERGENCY MEDICAL CONSENT

Bright Beginnings Preschool - 206 SW Walnut Street, Ankeny, Iowa, 50023

This form gives permission for medical care in parental absence and must be presented upon admission for treatment. Every effort will be made to notify the parent or guardian immediately in case of an emergency.

In the event that my child _____ requires medical or surgical care while I am out of the city or unable to be reached, I hereby give my consent to medical treatment and/or transport to the _____ (Hospital) and _____ (Doctor) or his or her designee, to provide medical and/or surgical treatment. I agree to pay all costs and fees contingent on any emergency medical care or treatment for my child as secured under this consent.

Child's Name: _____ Birth Date: _____

Name of parent(s) or legal guardian(s): _____

Address _____ Home phone _____

Parent/guardian cell phone _____ Parent/guardian work phone _____

Parent/guardian cell phone _____ Parent/guardian work phone _____

ALL INFORMATION BELOW IS **REQUIRED**:

Doctor _____ Phone _____

Address _____

Dentist _____ Phone _____

Address _____

Present medication (state if none): _____ Known allergies (state if none): _____

Short medical history or problems (state if none) : _____

Date of last tetanus (optional): _____

Medical insurance information (**BOTH ARE REQUIRED**):

Insurance Company: _____ Policy Number: _____

This consent will be in effect beginning September 8, 2026 and ending May 19, 2027

Parent/guardian signature

Date