

## **Cuddly Kidz Daycare & Preschool**

### **Emergency Release Form**

#### **Consent to Emergency First Aid & Transportation:**

I hereby give permission that my child, \_\_\_\_\_ may be given emergency treatment by an employee of **Cuddly Kidz Daycare & Preschool**. I also give permission for my child to be transported by car, or ambulance to an emergency center for treatment, and agree to hold **Cuddly Kidz Daycare & Preschool** harmless.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

#### **Consent to Medical Care and Treatment:**

In the event that I cannot be contacted immediately, medical or surgical treatment can be administered to my child in the case of an accident or emergency, as prescribed by a treating physician, and agree to hold **Cuddly Kidz Daycare & Preschool** harmless.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I further acknowledge **Cuddly Kidz Daycare & Preschool** shall not be responsible for paying for the child's health care. This includes negligent emergency medical treatment, ambulance/medical transportation, medical, hospital or any other associated fees.

I agree that neither I nor my child will bring any claims of any kind against **Cuddly Kidz Daycare & Preschool** as a result of any injuries, expenses or damages that I or my child may suffer in any way related to the use of the facilities, toys, other children or employees, whether such claims are known or unknown arise in the future.

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#### **Child Emergency Medical Information**

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Preferred Hospital \_\_\_\_\_ Phone \_\_\_\_\_

Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_

Medicaid \_\_\_\_\_ Medicaid Case # \_\_\_\_\_

Regular Medications \_\_\_\_\_

Blood Type \_\_\_\_\_ Food Allergies \_\_\_\_\_

Medicine allergic to \_\_\_\_\_

Other Allergies \_\_\_\_\_

Special Health Conditions \_\_\_\_\_

