



## MEDICAL RELEASE FORM

I, \_\_\_\_\_, Parent/Guardian of \_\_\_\_\_ born \_\_\_\_\_, do hereby give my consent to the teachers and staff at Creative Connections Play School to secure and authorize such emergency medical treatment by Certified Emergency Personnel as the above named, myself or ward might require while under the supervision of said provider. I also agree that the individual or parents of the individual are responsible to pay all the costs and fees contingent on emergency medical care and treatment for that individual and will not hold CCPS responsible for medical costs.

NOTE: Every effort will be made to notify the following parents/guardians/contacts in the event of an emergency.

Physician & Address \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist & Address \_\_\_\_\_ Phone: \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Child's Primary Address \_\_\_\_\_ Phone(H): \_\_\_\_\_

Daytime Caregiver \_\_\_\_\_ Phone: \_\_\_\_\_

**1st Parent** \_\_\_\_\_ Employer \_\_\_\_\_ Phone(W): \_\_\_\_\_

Business Address \_\_\_\_\_ Phone(C): \_\_\_\_\_

Email \_\_\_\_\_ Phone (H): \_\_\_\_\_

**2nd Parent** \_\_\_\_\_ Employer \_\_\_\_\_ Phone W): \_\_\_\_\_

Business Address \_\_\_\_\_ Phone (C): \_\_\_\_\_

Email \_\_\_\_\_ Phone (H): \_\_\_\_\_

In case of emergency and parents cannot be reached please contact one of these two people

Name	Phone Number(s)	Relationship to Child
_____	_____	_____
_____	_____	_____

List allergies/medical problems, including those requiring maintenance medications so that medical personnel will have information that may impact or alter treatment.

Medical Diagnosis	Medication	Dosage and/or Frequency
_____	_____	_____
_____	_____	_____

Date of last Tetanus Toxoid Booster \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

# MEDICAL RELEASE FORM

## PERMISSION TO DISCLOSE MEDICAL INFORMATION ON A NEED-TO-KNOW BASIS

Dear Parents/Guardians:

Due to current privacy legislation, medical information given to one Creative Connection Play School (CCPS) personnel may not be shared with any other school personnel, even when required for emergency services, without your WRITTEN permission. This restriction includes information that you have shared with CCPS via the internet, in writing, on the telephone, or in a personal conversation.

Sharing important medical information with school personnel on a need-to-know basis can greatly enhance your child's academic performance and ensure your child's safety. We encourage all parents to sign this release regardless of your child's current medical condition as important information could arise throughout the school year. Be assured that this information will be shared only on a need-to-know basis and will not be subject to general distribution.

COMPLETE ONE FORM FOR EACH STUDENT IN THE HOUSEHOLD AND RETURN TO CCPS.

Medical information provided to CCPS pertaining to my child MAY be shared with school personnel and emergency services when necessary.

Student Name (please print) \_\_\_\_\_

Signature of Parent/Guardian \_\_\_\_\_

Date \_\_\_\_\_



