



**Morningstar Learning Center
Medical and Emergency Release Form**

Child's Name: _____ Child's Birthdate: _____

Physical Address: _____

Mailing Address: _____

Mother's Name: _____ Father's Name: _____

Mother's Address: _____

Father's Address: _____

Mother's Home Phone: _____ Cell: _____

Father's Home Phone: _____ Cell: _____

Mother's Work Phone: _____ Email: _____

Father's Work Phone: _____ Email: _____

Mother's Place of Employment: _____

Father's Place of Employment: _____

Name, Address and Phone of Child's Doctor:

Contact in Case of Emergency / Allowed to Pick up my Child:

1. Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____

2. Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____

3. Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____

4. Name: _____ Relation to Child: _____

Home Phone: _____ Cell Phone: _____

Person's not allowed to pick up my child:

Please describe any special medical or dietary information below. This should include allergies, medications, special conditions, special disabilities or any additional information on needs of your child.

I hereby give written consent, indicated by my initials for the following items below:

_____ Emergency medical care, including ambulance transportation if needed.

_____ Administration of fever reducing medication(according to the child's height/weight) only to be given when a child has a fever over 100 degrees and parent(s) cannot be reached.

In the event of an emergency, I give permission to Morningstar Learning Center staff to provide any first aid deemed necessary for my child. If I cannot be reached, the physician listed and the local medical clinic are hereby authorized to provide any emergency care deemed necessary for my child. I understand that my child will be taken to Bozeman Deaconess Hospital /Big Sky Medical Center by ambulance, at my expense, if medical personnel deem it necessary. In addition, I hereby authorize the transfer of my child's health record to the local hospital or medical clinic if necessary.

Parent's Printed Name

Parent's Signature