

Emergency Treatment Release

Permission is granted: Any licensed physician, dentist or hospital may give necessary emergency medical service to my child at the request of the person bearing this consent form.

Signature of Parent or Legal Guardian

Dates of Release



Sitter Checklist

We will be at: _____

The phone number there is: _____

We expect to be home by: _____

You should know....

Meal/Snack: _____

Naps/Bed: _____

Activity/Fun: _____

Medications that need to be administered: _____

Any other information specific to this day: _____

