



Robins Nest Learning Center

EMERGENCY MEDICAL RELEASE

I, _____ being the parent or legal guardian of _____ give my consent for emergency medical and surgical treatment of this minor by a licensed physician should his/her condition so require it in my absence. I understand that in such a case reasonable attempts would first be made to contact me, time & condition permitting.

As long as the medical or surgical treatment considered necessary in the situation is in accordance with generally accepted standards or medical practice for the particular type of injury or illness involved. I impose no specific limitations or prohibitions regarding treatment other than those that follow:

My child is allergic to these medications:

My child takes these medications on a regular basis:

Child's Birth date: _____

Parent/Guardian #1: _____

Home Address: _____

Phone: _____ Cell: _____ Work Ph: _____

Work Address: _____

Parent/Guardian #2: _____

Home Address: _____

Phone: _____ Cell: _____ Work Ph: _____

Work Address: _____

Other Emergency Contact Name: _____

Address: _____

Phone: _____ Work Ph: _____ Relation: _____

I also understand children play & do sometimes get hurt by tripping, falling off play equipment & other various activities. I/we will not hold Robin's Nest responsible for medical attention needed in such a case unless the licensing finds the center negligent.

I do not have Medical Insurance: ☐

I have Medical Insurance: ☐

Please provide a copy of your card or print out insurance information.

Hospital Coverage information/choice: _____

Address: _____ Phone: _____

Dentist Coverage information/choice: _____

Address: _____ Phone: _____

Doctor coverage information/choice: _____

Address: _____ Phone: _____

Parent/ Guardian Signature: _____ Date: _____