ST. THOMAS AQUINAS EARLY CHILDHOOD CENTER
RELEASE FOR EMERGENCY CARE

This form must be the original notarized form,
contain only one child's name, and be updated annually

PLEASE PRINT

Child's Full Name ______________________________ Birth Date ____________________

Allergies ______________________________

Medicines routinely taken ______________________________

Name of Custodial Parent(s)/Legal Guardian(s) ______________________________

Address ______________________________ ______________________________
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Home Telephone ____________________ Work Telephone ____________________

Home Telephone ____________________ Work Telephone ____________________

Family Physician's Name/Health Care Resource ______________________________

Address ______________________________ ______________________________
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Telephone ____________________

Medical Insurance Company ______________________________

Policy # ______________________________ Expiration Date ____________________

Emergency Contact ______________________________

Address ______________________________ ______________________________
Street Address (number, apartment #, street) *City* *State* *Zip Code*

Home Telephone ____________________ Work Telephone ____________________

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Please sign in the presence of the Notary.

I hereby give my consent to any emergency facility and physician to administer necessary treatment to my child,

______________________________ , in the event of an emergency at which time
(Child's Full Name)

I cannot be reached. I give consent to transport by ambulance if situation warrants it.

____
Signature of Custodial Parent/Legal Guardian (Affiant)

STATE OF FLORIDA
COUNTY OF ____________________

The foregoing instrument was acknowledged before me this __________ day of ________________ 20 __________
(Month) *(Year)*

By ______________________________, who is personally known to me or who has

Produced ______________________________as identification. (Seal of Notary)

Signed: ______________________________
Signature of Notary