



Country Grove Children's Center
99 Todd Hill Rd.
Poughkeepsie NY 12603
(845)486-1080
countrygrove@gmail.com

Emergency Release Form

Either parent (or guardian) having legal custody of a minor may give written authorization for an adult into whose care the minor has been entrusted to consent to x-rays, anesthesia, medical or surgical diagnosis, and/or hospital/treatment care to be rendered to said minor under the general or special supervision and advice of a physician/surgeon licensed under the provisions of the Medicine Practice Act, or to x-rays, anesthesia, dental and/or surgical diagnosis/treatment and hospital care to be rendered to said minor by a dentist licensed under the provisions of the Dental Practice Act.

Emergency Medical Treatment Consent:

Child(ren)'s Name(s) _____

Child(ren)'s Doctor _____ Phone _____

Child(ren)'s Dentist _____ Phone _____

Insurance _____ Primary Holder _____

Policy _____ Phone _____

Mother _____

Father _____

Primary Phone _____

Primary Phone _____

Work Phone _____

Work Phone _____

AUTHORIZATION

_____ and/or _____ understand the above and hereby authorize Country Grove Children's Center to give permission for any necessary medical/dental or hospital treatment for the above child(ren) in the event of an injury or illness while my child is in the care of Country Grove Children's Center. I understand and agree that I am financially responsible for any necessary medical treatment. I fully understand that every attempt will be made to contact myself/us in the event of a medical emergency. I understand and agree that certain medical emergencies may not allow time to contact the parent/guardian, and that emergency treatment will be sought by my child care providers in the event of a life-threatening situation.

Both parents/guardians must sign _____ / _____

Date _____ / _____