DIAMOND BAR COMMUNITY PRESCHOOL
ADULT AUTHORIZATION FOR TREATMENT

This information pertains to each working parent/adult at the school. If there is more than one parent/adult who will be working, please complete this form for *each* person, along with the *Health Screening Report – Facility Personnel LIC 503*.

_____

Last Name First Name Middle Name

_____

Address

_____ _____

Telephone Number Birthdate

In the event of an emergency or major disaster, I consent to medical treatment necessary to preserve life, limb, or well-being as prescribed by a physician or EMT.

In case of an emergency, please notify:

1._____ _____
Name Phone

2._____ _____
Name Phone

3._____ _____
Name Phone

Any known allergies or dietary restrictions:_____

_____

Blood type, if known: _____

Signature: _____ Date: _____