

DIAMOND BAR COMMUNITY PRESCHOOL
EMERGENCY MEDICAL TREATMENT CONSENT & ALLERGY INFORMATION FORM

As the parent, Agency Representative, or legal guardian of _____, I hereby give consent to Diamond Bar Community Preschool to provide all emergency medical or dental care prescribed by a duly licensed physician (MD), Osteopath (DO), or Dentist (DDS). This care may be given under whatever conditions are necessary to preserve life, limb, or the well-being of my child.

Parent/Guardian Signature _____ Date _____

Child's known allergies: _____

Child's dietary restrictions: _____

Blood type, if known: _____

During school hours, I can be reached at: _____

Home Phone Number

Cell Phone Number

Work Phone Number

Please provide a copy of your child's immunization records (yellow immunization card, printed record from medical professional or have physician complete the appropriate section on *Physician's Report – Child Care Centers LIC 701*)