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	
	or major disaster, I consent to medical treating as prescribed by a physician or EMT.	atment necessary to
In case of an emergency, pleas	se notify:	
1		
Name	Phone	
2		
Name	Phone	
3		
Name	Phone	
Any known allorgies or dieter	y restrictions:	
Any known anergies of dietar	y restrictions.	
Blood type, if known:		
Signature:	Date:	