

STONEBRIDGE PRESCHOOL

3700 Prosperity Church Road
Charlotte, NC 28269
(704) 548-9929

EMERGENCY TREATMENT RELEASE

I hereby authorize StoneBridge Preschool, or its representatives, to obtain emergency medical treatment and/or related services (e.g. transportation to a medical facility, etc.), for my child, _____, in the event that I, or those persons I have designated, cannot be reached.

Parent Signature



Date

Child's Physician _____

Phone _____

Hospital Preference (if any) _____

EMERGENCY CONTACTS: (after attempting to reach parents)

1st Contact _____ Phone _____

2nd Contact _____ Phone _____

HEALTH INSURANCE INFORMATION:

Company name _____

Company address: _____

Company phone: _____

Policy Number: _____

Policy Holder: _____