



Planting Roots Preschool

**Laura Curtsinger
102 W. Otis Street
Ft. Laramie, WY 82212
307-759-0000**

Emergency Medical Authorization

Child's Name: _____

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

Health Information (such as allergies, chronic conditions, or frequent hospitalizations): _____

Social / Family Information, Special Concerns: _____

I, _____ herby give permission to Planting Roots Preschool to obtain medical or surgical care from a health care facility, physicians or dentists for my child, whose full name is _____, and date of birth is _____, should the need arise.

It is understood that a conscientious effort will be made to locate head instructor Laura Curtsinger before action is taken. If this is not possible, treatment as deemed necessary by the physician/dentist may be taken. I further consent to transportation, by the provider or ambulance, of the above named child to the nearest or most appropriate medical facility. I further accept responsibility for any and all cost associated with the transportation and medical treatment on behalf of my child.

Signature of Parent or Guardian: _____ Date: _____