



MEDICAL RELEASE FORM

I, _____, the parent/guardian of _____
(Parent/guardian) (Child's name)

Born on, _____ who attends Prime Time Early Learning Center, located at **20 Hackensack Street, East Rutherford, NJ 07073**, hereby authorizes that emergency treatment be provided to the above named child in case of injury, accident, and/or illness during the school year(s) of

Child's pertinent health information, if any _____

Child's allergies, if any _____

Child's doctor's name, address and phone number _____

Parent's health insurance for child – name and policy number of insurance company _____

Medicaid number (if applicable) _____

Emergency person's name, telephone number and relationship to child _____

Parent's signature

Date