



MEDICAL RELEASE FORM

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

born on, _____

who attends Prime Time Early Learning Center, 404 Hudson St, Hoboken, NJ 07030 hereby authorizes _____ Hospital, located _____ to provide emergency treatment to child named above 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