

**Rainbow Land Preschool & Day Care
Emergency Medical & Dental Consent**

Child's Name: _____

In the event of an emergency, the child care provider is authorised to obtain emergency medical or dental care, even if Rainbow Land is unable to immediately make contact with the parents/guardians. During an emergency, Rainbow Land is authorized to contact the following person when a parent or guardian cannot be reached.

Alternate Emergency Contact Person's Name: _____

Relationship to child: _____ Phone Number: _____

Alternate Emergency Contact Person's Name: _____

Relationship to child: _____ Phone Number: _____

Emergency Medical & Dental Information for your Child:

	Name	Address	Phone Number(s)
Hospital			
Doctor			
Dentist			
Specialist(s)			

*List any additional phone numbers if you have them, for example, where to call after normal hours for your listed contact.

Insurance Information:

	Insurance Company Name	ID #
Medical/Health		
Dental		
Check all that apply	<input type="checkbox"/> We do not have health insurance <input type="checkbox"/> We do not have dental insurance <input type="checkbox"/> We need help obtaining health or dental insurance	

Printed Name: _____ Date: _____

Signature: _____