



Sammamish
LEARNING CENTER, Inc.
 22629 SE 29th Street
 Sammamish, WA 98075
 (425) 313-1545

Emergency Consent and Pick-up Authorization Form

I authorize permission for my child _____, to be given emergency treatment by a qualified member of the Sammamish Learning Center staff. I also give permission for my child to be transported by ambulance or aid car to an emergency facility for treatment.

In the event I am unable to be contacted, I further consent to the medical, surgical and hospital care, treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to ensure my child's health and safety.

Sammamish Learning Center makes every effort to provide a safe environment for your child. However, there are risks inherent to a preschool environment such as food, the physical environment including the playground, materials used in classroom, etc. that may cause harm to your child. More specifically, if your child has an allergy to food or environmental causes, your child may be at a greater risk. I am aware of these risks and accept responsibility.

 Parent/Guardian Signature Date

Child's Physician _____ Phone _____

Child's Dentist _____ Phone _____

Preferred Hospital _____ Phone _____

Date of last Doctor Visit/Exam _____

Date of last vision and hearing screening _____

Parent's Name: _____ Phone _____

Cell _____

Parent's Name: _____ Phone _____

Cell _____

Emergency Contact (This person will be authorized to pick your child up): _____

Relationship: _____ Phone _____ Cell _____

Authorized Person(s) to pick-up child:

_____ Phone _____

_____ Phone _____

Allergies/Food Intolerances/Asthma: Yes / No If yes, please specify: _____
