

Children and Families of Iowa  
Child Care Programs

Emergency Treatment Release

TO WHOM IT MAY CONCERN:

As a parent and/or guardian, I do herewith authorize the treatment by a qualified and licensed physician and/or dentist of the following minor in the event of a medical and/or dental emergency which, in the opinion of the attending physician and/or dentist may endanger the life of the minor, cause disfigurement, physical impairment, or undue discomfort if delayed. In case of an emergency, every effort will be made to notify me.

Name of Minor \_\_\_\_\_ Relationship \_\_\_\_\_

This release is valid while the child is enrolled at this Children and Families of Iowa's Teddy Bear Town. This release form is completed and signed of my own free will, with the sole purpose of authorizing medical and/or dental treatment under emergency circumstances in my absence. I understand and accept all financial responsibility for the medical and/or dental care given to the above named child.

\_\_\_\_\_  
Parent/Guardian Signature Date

\_\_\_\_\_  
Address Home Phone Work Phone  
.....

\_\_\_\_\_  
Child's Name Birthdate

\_\_\_\_\_  
Doctor's Name Address Phone Number

\_\_\_\_\_  
Dentist's Name Address Phone Number

Specific medical allergies \_\_\_\_\_

Chronic Illnesses \_\_\_\_\_

Other conditions \_\_\_\_\_

**Emergency Contacts: (Please be sure these individuals are also listed on the Parent Release Consent form.)**

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Name Address Phone Number

\_\_\_\_\_  
Parent/Guardian Signature Date