Community Colleges of Spokane

Spokane County Head Start/ECEAP/EHS
RELEASE AND EMERGENCY TREATMENT AUTHORIZATION

FAMILY CODE WORD

_____

(OPTIONAL)

Child's name _____ Birth date _____

Address _____ City _____ ZIP _____

Mother _____ H phone _____ W phone _____ C phone _____

Father _____ H phone _____ W phone _____ C phone _____

I GIVE MY PERMISSION FOR MY CHILD TO HAVE:

YES	NO	
❒	❒	First aid and/or emergency medical care including transportation (If no, parent must remain on school premises.)
❒	❒	Emergency blood transfusion (When condition is life threatening and parent cannot be reached.)
❒	❒	Emergency surgery (When condition is life threatening and parent cannot be reached.)

EMERGENCY INFORMATION

Doctor's name _____ Address _____ Phone _____

Dentist's name _____ Address _____ Phone _____

Severe allergies such as bee stings, food, etc. _____

Medical alert _____

If parent or guardian cannot be reached, contact or release my child to:

Name/relationship _____	Name/relationship _____
Home/cell phone _____	Home/cell phone _____
Work phone _____	Work phone _____
Name/relationship _____	Name/relationship _____
Home/cell phone _____	Home/cell phone _____
Work phone _____	Work phone _____

RELEASE INFORMATION

Head Start/ECEAP/EHS cannot refuse to release a child to her/his parents without a copy of a court order. I understand that my child's file is available to either parent to review at any time. This information is confidential except to appropriate Head Start/ECEAP/EHS staff and consultants, unless I give permission to release it.

Do not release my child to _____

❒ Protection Order No. _____ Expiration date _____ / _____ / _____

❒ Parenting Plan in file. Date _____ /_____ / _____

Remember to notify Head Start/ECEAP/EHS of any changes to the above information

EMERGENCY TREATMENT AUTHORIZATION

In the case of a serious medical emergency my child may be treated by any physician at _____ Hospital (or the nearest medical facility if there is a life threatening emergency.)

Parent's signature _____ Date _____

Witnessed by _____ Date _____

VALID FOR ONE YEAR FROM DATE OF SIGNING

Parent or guardian may revoke this authorization in writing at their discretion

White—Emergency Notebook Yellow—File Copy Pink—Parent