

Rancho Bernardo Community Presbyterian Church Preschool
17010 Pomerado Road, San Diego, CA 92128
(858) 487-0824

MEDICAL RELEASE FORM

AUTHORIZATION FOR CONSENT TO EMERGENCY MEDICAL TREATMENT

As Parent/Guardian of _____, I authorize representatives of the Rancho Bernardo Community Presbyterian Church Preschool, as my agents, to consent to emergency medical procedures as deemed necessary by the attending emergency medical personnel. By signing below, I understand that I am giving authorization in advance for any emergency medical treatment that may be required. Unless I revoke it in writing, this authorization shall remain effective while my child is enrolled at the Rancho Bernardo Community Presbyterian Church Preschool.

Parent/Guardian Signature _____ Date ____/____/____

Specific Information regarding reactions to Medications and/or Allergies _____

PERMISSION SLIP

_____ (Child's Name), has our permission to accompany the Rancho Bernardo Community Presbyterian Church Preschool Staff on school-sponsored walks in the surrounding neighborhood and/or in case of emergency to walk to a safe place in the surrounding neighborhood while enrolled at Rancho Bernardo Community Presbyterian Church Preschool.

Parent/Guardian Signature _____ Date ____/____/____

EMERGENCY PROCEDURE INFORMATION

The Preschool has emergency plans and procedures in place in the event of an emergency. We have a cell phone that will be used in the event that the phone lines are down:

858-583-4862

Please note that if the Preschool building had to be evacuated, we would first go to an alternate building on the campus (i.e. Christian Life Center). If that was not an option, we would go to the Rancho Bernardo Swim and Tennis Club.