longview

PRESCHOOL & MDO MEDICAL FORM 2026-2027

Authorization to obtain emergency medical treatment:
If at any time, due to circumstances such as an accident, sudden illness or other emergency, medical care may be given, if necessary, by private physician or hospital.

Date_____

Name of Child_____

Parent/Guardian signature(s) below:

_____ _____

Signature #1 Signature #2

Medical Information

Doctor: _____Phone: _____

Insurance Name: _____Group Number: _____

Hospital Preference: _____

Allergies: _____

Medical Conditions: _____

Prescriptions Taken Daily: _____

Notary Required

Date: _____

Name of Notary (printed): _____

Signature of Notary: _____

My Commission expires: _____

Seal: