

# MOST

(Mothers of Supertwins)



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## Emergency Child Care Release Form

I (We) hereby grant permission to \_\_\_\_\_ (Guardian: Neighbor, teacher, caretaker) to secure such medical care as \_\_\_\_\_ (Child's name) may require for a period from \_\_\_\_\_ (Date) to \_\_\_\_\_ (Date) including examination, treatment, and immunization. This permission is conditional upon the understanding that in the event of serious illness or the need for operation and/or major surgery, \_\_\_\_\_, guardian will use all reasonable efforts to contact me (us).

Failure in such efforts should not prevent \_\_\_\_\_, guardian, from providing such emergency treatment as may be necessary in my child's best interest.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent or legal guardian)

\_\_\_\_\_  
(Signature of guardian)

\_\_\_\_\_  
(Signature of parent or legal guardian)

## Child's Medical Background

Name of Child: \_\_\_\_\_ Birth Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Special Medical Conditions: \_\_\_\_\_

Allergies to medication/foods: \_\_\_\_\_

Previous surgery: \_\_\_\_\_ Date of last tetanus booster: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Physician: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Surgeon: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

### Employment:

Father: \_\_\_\_\_

Father's Phone: (\_\_\_\_\_) \_\_\_\_\_ Pager # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Mother: \_\_\_\_\_

Mother's Phone: (\_\_\_\_\_) \_\_\_\_\_ Pager # (\_\_\_\_\_) \_\_\_\_\_ Cell # (\_\_\_\_\_) \_\_\_\_\_

Insurance Info: \_\_\_\_\_

Home Address: \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Telephone numbers and places where parent may be reached: \_\_\_\_\_

Religion (optional): \_\_\_\_\_

Additional information: \_\_\_\_\_