

PELLA EARLY LEARNING CENTER

215 Main Street
 Pella, Iowa 60219
 641-628-4845
 Fax: 641-628-4845

MEDICAL/DENTAL CONSENT

I do hereby give my permission to personnel of Pella Early Learning Center, 215 Main, Pella, Iowa to secure and supervise of said Center personnel, hereby giving and granting full authority the same as I might have if personally attending physician or dentist. I also agree to pay all the costs and fees contingent on any emergency medical or dental treatment for my child as authorized under this consent.

Every effort will be made to notify parents immediately in case of emergency. In the event of emergency, it is necessary to have the following information:

Physician's Name:	Physician's Phone Number:	Hospital Choice and Location:
Does your child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Company:	ID#:
Dentist's Name	Dentist's Telephone Number	Other Health Care Specialist Name & Phone Number:
Does your child have dental insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	If Yes, Company:	ID#:
Emergency Contact Name, Relationship to Child and Telephone Number:	Emergency Contact Name, Relationship to Child and Telephone Number:	Emergency Contact Name, Relationship to Child and Phone Number:

Please help us find health or dental insurance.