

Bright Eyes Kindergarten, Inc.

K2 – K3 – K4

“Where children laugh and learn”

Medical Treatment Authorization Form



As parent of _____, born on _____, I do hereby give my consent to Bright Eyes Kindergarten, Inc., to secure and authorize such emergency medical treatment including but not limited to EMS, emergency room visit, or urgent care facility, as my child might require while under the supervision of Bright Eyes.

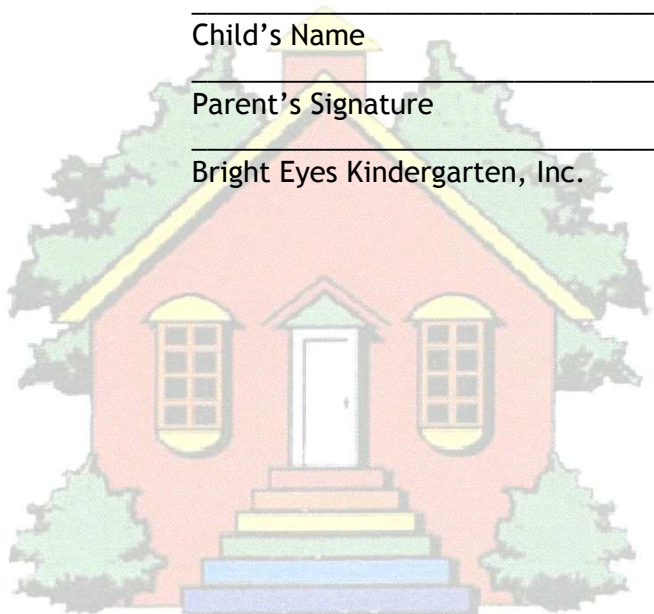
I also agree to pay all costs and fees contingent on emergency medical care or treatment for this person as secured or authorized under this consent.

I understand that Bright Eyes will make every effort to notify me in cases of an emergency. In the event that I am unavailable/out of contact, I authorize Bright Eyes to contact other relatives or persons already listed on my child’s enrollment form.

I confirm that the medical information (insurance provider, hospital of choice, immunizations, current medicines & frequencies, allergies, medical history/conditions) I have listed on my child’s enrollment form is true and accurate to the best of my knowledge.

In addition to the medical information listed on the enrollment form, I would like to add the following to my child’s medical information: _____

Child’s Name _____ / ____ / ____
Parent’s Signature _____ / ____ / ____
Bright Eyes Kindergarten, Inc.



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