



Emergency Medical Authorization

St. Vrain Valley Schools Preschool Program

Note: Due to licensing regulations, we are required to have an Emergency Medical Authorization release on file for every student. Please sign and return this to your child's teacher by the first full day of preschool.

Student Name: _____

Teacher: _____

Permission for Emergency Medical Authorization

I authorize, by my signature below, that if the individuals I have provided for emergency contacts cannot be reached, school personnel are authorized to use their best judgments in an emergency situation. The School District does not have medical or dental insurance for students. It is understood that all costs related to emergency treatment will be the responsibility of the parent. As long as the medical treatment considered necessary is in accordance with generally accepted standards of medical practice, I impose no specific prohibitions regarding treatment unless stated.

Parent/Guardian Name

Parent/Guardian Signature

Date