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**HILLCREST ACADEMY MEDICAL RELEASE FORM**

Child's Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone Mother: \_\_\_\_\_ Cell Phone Father: \_\_\_\_\_

Work Phone Mother: \_\_\_\_\_ Work Phone Father: \_\_\_\_\_

Allergies: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Relationship to Child: \_\_\_\_\_

**PLEASE CIRCLE DAYS AND TIMES ATTENDING:**

MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY
HALF DAY (9:00 – 1:00)	FULL DAY (9:00 – 3:00)	EXTENDED DAY (7:30 – 6:00)	BUSSING PROGRAM	

**EMERGENCY AND MEDICAL PROCEDURE**

1. IN CASE OF ILLNESS, I understand that I will be called and required to pick up my child as soon as possible.
2. IN CASE OF SIMPLE INJURY, (such as abrasions, skinned knees, splinters, etc....) I understand that the school staff will perform routine hygienic measures, such as washing wounds and apply Band-Aids.
3. IN CASES REQUIRING THE ATTENTION OF A PHYSICIAN (stitches or X-rays), I understand that the school staff will call me first and if I cannot be reached please call the listed emergency contact. If no one can be reached, I give my permission for Dr. \_\_\_\_\_, whose office phone number is \_\_\_\_\_ to be called and for that doctor to render necessary treatment.

**MEDICAL RELEASE**

In the event that a medical emergency occurs, I authorize Hillcrest Academy to seek emergency medical care for my child as deemed necessary by the Director or Assistant Director.

1. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

2. Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_