



Hospital and Dental Release Form

Ascension Episcopal Kindergarten
1912 Canyon Road
Birmingham, Alabama 35216

Child's Name _____ Date _____

HOSPITAL RELEASE

In case of emergency in which neither parent can be reached or in which time is of the utmost importance, we will take your child to Brookwood Hospital or Children's Hospital. We will always attempt to contact you before we take your child to the hospital. We will also have the option of using the Emergency Medical Team from the Vestavia Hills Fire Department.

Child's Name _____ may be taken to either Brookwood Hospital, Children's Hospital, or treated by the paramedics.

Both parents must sign. Legal signature of Parent _____

Legal signature of Parent _____

DENTAL RELEASE

In case of a dental emergency in which neither parent can be reached, my child _____ may be taken to Dr. Stephanie Steinmetz, a pediatric dentist in Vestavia.

Both parents must sign. Legal signature of Parent _____

Legal signature of Parent _____

PARENTS' IMPORTANT PHONE NUMBERS

(Please ensure you enter this information on our Brightwheel app as well)

Parent #1
Name _____
Home _____
Work _____
Cell _____

Parent #2
Name _____
Home _____
Work _____
Cell _____

