



developing life-long learners while connecting families to Christ

Authorization for Emergency Medical Attention

Student Name _____ Parent Name _____

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Physician: _____

Address of Physician: _____

Phone Number of Physician: _____

Name of Medical Care Facility: _____

Address of Medical Care Facility: _____

Phone Number of Medical Care Facility: _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Parent Signature _____



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Required Health Professional's Statement

Student Name _____ Parent Name _____

If your child does not attend pre-kindergarten or school away from the child-care operation, one of the following must be presented when your child is admitted to the child-care operation or within one week of admission. Please check only one option:

- Health care professional's statement: I have examined the above named child within the past year and find that he/she is able to take part in the day care program.

Health Care Professional's Signature _____ Date _____

- A signed and dated copy of a health care professional's statement is attached.
- Medical diagnosis and treatment conflict with the tenets and practice of a recognized religious organization, which I adhere to or am a member of; I have attached a signed and dated affidavit stating this.

Name and address of health care professional: _____

Parent Signature _____ Date _____