

# Permission for Emergency Medical Treatment

Name of Child \_\_\_\_\_ Age \_\_\_\_\_ Sex: **M** **F** Birth date \_\_\_\_\_

Address \_\_\_\_\_ Home phone \_\_\_\_\_

Parents names \_\_\_\_\_

Address of Parents: \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Father's work # \_\_\_\_\_ Place of employment \_\_\_\_\_

Mother's work # \_\_\_\_\_ Place of employment \_\_\_\_\_

Other phones (cellular, pager, etc.) \_\_\_\_\_

When neither parent can be located by phone, contact:

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

**Name** \_\_\_\_\_ **Relationship** \_\_\_\_\_ **Phone** \_\_\_\_\_

Address \_\_\_\_\_

**Physician's name** \_\_\_\_\_ **Phone** \_\_\_\_\_ **Recent exam date:** \_\_\_\_\_

Address of Physician: \_\_\_\_\_

Hospital Preferred \_\_\_\_\_

Insurance Company \_\_\_\_\_ **Policy #** \_\_\_\_\_

Describe any allergies (food, medication, etc.), chronic illnesses, current medications, or other medical information that would be helpful in a medical emergency.

\_\_\_\_\_

In the event that an emergency concerning my child should arise while he/she is participating in the First Presbyterian Church Preschool Program and I am unable to be contacted, I hereby give permission to the physician(s) selected by the staff of the program to administer any medications or treatments, including emergency surgery that are deemed necessary.

Parent or guardian signature \_\_\_\_\_

Notary \_\_\_\_\_

Taken, subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

My commission expires \_\_\_\_\_

***As per hospital policy, this medical form must be notarized before we can accept it.***