

# Tabernacle Preschool

## EMERGENCY MEDICAL CARE

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

**In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Tabernacle Preschool staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care:**

Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Physician's Group (if any) \_\_\_\_\_

Does your child have allergic reactions to any medicines? Please specify.

\_\_\_\_\_  
\_\_\_\_\_

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I give consent for any and all treatment deemed necessary by the attending physician.**

*(Attach a photocopy of your insurance card.)*

Please print name of parent/guardian \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

*(Must be signed in the presence of notary)*

State of \_\_\_\_\_ County of \_\_\_\_\_

This instrument was acknowledged before me on (date) \_\_\_\_\_ by

*(Notary Seal)*

\_\_\_\_\_

*(Signature of Notary Public)*

\_\_\_\_\_

*(Commission Expires)*