Early Childhood Education Center
AT FIRST PRESBYTERIAN CHURCH

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Child's Name: _____

Date of Birth: _____

School Year: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my above-named child to:

Name of Licensed Physician_____

Address _____

Phone Number_____

Or to Midland Memorial Hospital.

I give consent for necessary emergency treatment when my child is in the care of this physician and/or hospital. I will assume responsibility for resultant expenses.

I give my permission for the teacher to administer the following if necessary:

Vaseline on my child's face, arms, legs if they are chapped. ☐ Yes ☐ No

Sunscreen (provided by parent/guardian) if we are going to be outside for an extended period.

. ☐ Yes ☐ No

If my child wears a diaper to use non-medicated ointment for a diaper rash.

☐ Yes ☐ No

Signature of Parent or Legal Guardian_____

Date _____

PLEASE NOTE: YOU ARE REQUIRED TO SUBMIT A COPY OF YOUR CHILD'S IMMUNIZATION RECORD PRIOR TO THE FIRST DAY OF SCHOOL.