

**MEDICAL EMERGENCY AUTHORIZATION FORM
REDEEMER LUTHERAN CHURCH/TINY TREASURES PRESCHOOL**

Child's Name

Date of Birth

Address

City/State/Zip

Home Phone

Social Security #

Mother's Name

Father's Name

Employer

Employer

Work Phone

Work Phone

Cell Phone

Cell Phone

Emergency Contact

Home Phone

Work Phone

Cell Phone

Child's Physician

Address

Phone

Child's Dentist

Address

Phone

Special instructions if child is injured or ill

MEDICAL RELEASE: I authorize Redeemer Lutheran Church, Tiny Treasures Preschool, to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. In the event of a life-threatening emergency, I understand that "911" will be called to take my child to Delta County Memorial Hospital, 1502 3rd St., 874-7681. I understand that any expense related to any and all medical treatment will be my responsibility.

Parent/Guardian Signature

Date