

Medical Emergency Authorization Form

Redeemer Lutheran Church School & Tiny Treasures Preschool

Child's Name _____ Birth Date _____

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 instruction if child is injured or ill _____

Medical Release: I authorize Redeemer Lutheran School & 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. But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to Delta County Memorial Hospital, 1502 3rd Street, 874-7681.

Parent/Guardian Signature

Date