

# 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 \_\_\_\_\_