Evangelical United Methodist Church – Genesis Preschool Emergency Care Permission

ACTITION				37	
(last)		(first)	(middle)		(date of birth)
arent/Guardian	(last)	(father)	(mother)		(home phone)
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Iome Address			Material Parcelland, Inc., Section 1994, American Section 1994, American Section 1994, American Section 1994,		(mother's work phone)
			94		
lity		**************************************	Zip Code	-	(father's work phone)
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	, the school has in order below	permission to call our	family physician and	l if he cannot	be reached the
amily Physician		Appropriate the second			(telephone)
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Other Doctor				(to	lephone)
Autor Doctor				and the second	icpholic)
My child is aller	gic to or cannot	take the following dru	gs or medicines		
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Other medical co If an emergency or hospital at ou	onditions the sch occurs and we or occurs. The o	cannot be contacted, the	ne school has our per	mission to ta	ke my child to the do
Other medical co If an emergency or hospital at ou	onditions the scl	cannot be contacted, the	ne school has our per	permission	ke my child to the do to provide the treatmo
Other medical co	onditions the sch occurs and we or occurs. The o	cannot be contacted, the	ne school has our per	permission	to provide the treatme

Signature of parent/guardian