

**Evangelical United Methodist Church – Genesis Preschool
Emergency Care Permission**

Name _____

(last)

(first)

(middle)

(date of birth)

Parent/Guardian _____

(last)

(father)

(mother)

(home phone)

Home Address _____

(mother's work phone)

City _____

Zip Code _____

(father's work phone)

In an emergency, the school has permission to call our family physician and if he cannot be reached the physicians listed in order below

Family Physician _____

(telephone)

Other Doctor _____

(telephone)

My child is allergic to or cannot take the following drugs or medicines _____

Other medical conditions the school should know about _____

If an emergency occurs and we cannot be contacted, the school has our permission to take my child to the doctor or hospital at our expense. The doctor and/or hospital medical staff has our permission to provide the treatment necessary for the well being of our child

Signature of parent/guardian

Date