

Emergency Medical Consent Form

I, _____, parent/legal guardian of the child/children listed below, give consent for *First Baptist Church Preschool* to make emergency medical care decisions for my child if I cannot be reached and/or if a delay in contacting me would jeopardize their health.

Parent/Guardian Signature

Authorized Caregiver Signature

Witness Signature

Date Signed

Notify in case of Emergency

Contact Name: _____

Relationship to Child: _____

Contact Phone: () _____

List children below:

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____

Child's Name: _____ Teacher's Name: _____