PARENTAL CONSENT FOR MEDICAL EMERGENCY CARE

Be it known that in the event I/We cannot be reached, I/We, _____ do hereby give and grant unto any paramedic, medical doctor, or hospital, my/our consent and authorization to render such aide, treatment or care to said child as, in the judgment of said doctor or hospital may be required, on an emergency basis, in the event said child should be injured or stricken ill while at the Center. I/We further hereby give and grant my/our consent and authorization for Faith Landmarks Ministries Child Development Center staff to administer the prescribed allergy medication provided in the event said child should experience a severe allergic reaction.

It is hereby understood that the consent and the authorization given and granted are continuing, and are intended by me to extend throughout the current calendar year.

It is further understood that insurance or the parent/guardian of the child will pay for any expensed incurred. Payment of the expense is not the Center's responsibility.

It is further understood that I/We release Faith Landmarks Ministries Child Development Center, its Board, employees, agents, and representatives from any claim I/We may have resulting from any illness or injuries sustained by my/our child while under Center supervision. I/We further agree to hold harmless Faith Landmarks Ministries Child Development Center, its Board, employees, agents and representatives from any injury, damage, which may be caused by my/our child(ren).

Child's Name: _____ Date of Birth: _____/_____/_____

Parent/Guardian's Name: _____

**This form must be signed before a notary on the bottom of page 2.

PARENTAL CONSENT FOR MEDICAL EMERGENCY CARE

PLEASE PRINT

Home Address: _____

Father's Name: _____ Emergency Phone: ____-____-_____

Mother's Name: _____ Emergency Phone: ____-____-_____

Guardian's Name: _____ Emergency Phone: ____-____-_____

Doctor/Pediatrician: _____ Phone Number: ____-____-_____

Known Allergies: _____

Medication(s): _____

Hospital Preference: _____

Insurance Company: _____

Policy Number: _____

Signature of Parent/Guardian: _____

I hereby represent that all above information is true and accurate.

Signature: _____
(Sign in the Presence of a Notary)

State of _____

County of _____

Notary Public: _____
(Print Name)

My Commission Expires: _____

Notary Public Signature: _____

Reserved for Notary Seal