

Optional Form

CHILD'S NAME:
(please print)

**ST. JOHN'S PRESCHOOL
PERMISSION FOR EMERGENCY MEDICAL TREATMENT
2009-2010**

Reasonable effort is made to contact and inform parents or guardians in the event of a medical emergency, serious injury or illness. Sometimes a parent or guardian cannot be reached. Accordingly, parents or guardians are requested to sign the following statement.

I authorize St. John's Preschool to act on my behalf in case my child is the victim of serious accident, injury or illness when immediate medical or surgical care is needed. This is the case provided a reasonable effort is made to first notify me of the situation and obtain my preferences. If such efforts to get in touch with me are unsuccessful, I authorize St. John's Preschool to take such action and give consent to medical or surgical treatment on my behalf as their judgment dictates.

Signature of Parent or Guardian

Insurance Carrier/ID Number

Printed Name of Parent or Guardian

Date

Street Address

City, State, Zip