



LITTLE
LAMBS
LUTHERAN
PRESCHOOL

MEDICAL EMERGENCY AUTHORIZATION CARD

CHILD'S NAME		BIRTH DATE	/ /
MOTHER'S NAME		FATHER'S NAME	
ADDRESS		CITY/STATE/ZIP	
PHONE #		SOCIAL SECURITY #	

Please list authorized persons who can assume responsibility for the child in the event of an emergency if parents or guardians cannot be reached immediately:

NAME OF RELATIVE/FRIEND			
ADDRESS		CITY/STATE/ZIP	
HOME PHONE #		CELL PHONE #	

CHILD'S PHYSICIAN		PHONE #	
ADDRESS		CITY/STATE/ZIP	

CHILD'S DENTIST		PHONE #	
ADDRESS		CITY/STATE/ZIP	

HOSPITAL OF CHOICE		PHONE #	
ADDRESS		CITY/STATE/ZIP	

SPECIAL INSTRUCTIONS IF CHILD IS INJURED

Medical Release:

I authorize Little Lambs Preschool to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper treatment and to order injection, anesthesia, or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. If it is not possible to locate us (or the above emergency contact), I accept the expense. In the event of a life-threatening emergency, I understand that "911" will be called to take my child to the hospital listed above if possible, or to the closest available facility.

PARENT/GUARDIAN SIGNATURE

DATE