

Authorization for Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical care, I authorize **First Baptist Church Children's Weekday**

Education/First Baptist Church, Georgetown, Texas staff to

take _____ to an Emergency Room, or the
(Your child's name)

following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions/or Allergies _____

I give consent for the facility to secure any and all necessary emergency medical care for my child.

Signature of Parent/Guardian

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries and hospitalizations during the past 12 months, any medication prescribed for long-term use, and any other information which caregivers should be aware of:

