



Release of Child

I authorize that my child, _____, be released by the Early Learning Center preschool program at Anderson Mill Road Baptist Church to the following persons.

Name _____ Relationship to child _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell Phone _____

Name _____ Relationship to child _____
Address _____
City _____ State _____ Zip _____
Work Phone _____ Home Phone _____ Cell Phone _____

Parent/Guardian Signature _____

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the Early Learning Center Preschool Program staff at Anderson Mill Road Baptist Church to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Physician _____ Hospital _____
Address _____ Phone _____
City _____ State _____ Zip _____
Insurance Co. _____ Policy # _____
Allergic to any medications _____

Is your child free from communicable disease? Yes No
If No please explain _____

List any medications taken regularly _____

Consent to Emergency First Aid and Transportation:

I hereby give permission that my child, _____, may be given emergency treatment by a staff member at Anderson Mill Road Baptist Church, Early Learning Center program, I also give permission for my child to be transported by car, ambulance, or Aid car to an emergency center for treatment, and agree to hold Anderson Mill Road Baptist Church, Early Learning Center and its employees harmless. I agree to all which is stated above.

Parent/GaurdianSignature _____

I give consent for any and all treatment deemed necessary by the attending physician.

(Signature of Parent/Guardian)