

EMERGENCY MEDICAL CARE PERMISSION AND INFORMATION

Salem Pre-School

Date _____

Child's name _____

Sex	Birthdate	Immunizations	Tetanus Status	Medications	Major Medical Problems	Allergies
_____	_____	_____	_____	_____	_____	_____

Child's physician & Group name _____

Hospital preferred _____

Insurance Co. _____

Address _____

Type _____ Policy # _____

Phone _____

This is to advise that I, _____ hereby authorize and direct _____ to consent to any and all medical care required for my child, _____ in an emergency or life threatening situation that may arise during the period that I or my spouse cannot be reached.

Parent names _____

Home phone _____

Bus. phone _____

Address _____

Signature of Parent

PARENT'S CONSENT FORM

INSURANCE WAIVER

I hereby give consent for my child to participate in activities in the gym at Salem Covenant Church. I further agree to indemnify and hold harmless Salem Covenant Church of any liability resulting from personal injury to my child caused by or arising out of said activities in the gym.

Parent signature: _____ Date: _____

Child's name: _____