



Building Kids God's Way

Donna Harris, Director

Emergency Medical Form

I, _____, hereby authorize The Carpenter's Shop, LLC, in the event of an emergency, to seek medical treatment for my child _____.

If I cannot be reached, The Carpenter's Shop, LLC is authorized to transport my child to the nearest medical facility used by The Carpenter's Shop, LLC. I agree to assume responsibility for the payment of the emergency treatment. I agree to keep The Carpenter's Shop, LLC informed at all times of any telephone numbers where I or a preferred physician may be reached.

PARENTS AGREE TO PROVIDE WRITTEN AUTHORIZATION BEFORE ANY MEDICATIONS CAN BE DISPENSED TO A CHILD.

Emergency procedure will be:

1. Call emergency medical team if necessary. (911)
2. Contact parent(s) _____
3. Contact person (s) listed as emergency contact.
4. Transport child via emergency medical team to nearest hospital.
5. Transport child to the Preschool's approved medical provider.

List any known medical conditions (i.e. diabetes, asthma, drug allergies)

Parent's /Guardian's signature

Date _____