

**Redeemer Preschool and Kindergarten
Parental Consent Form For
Emergency Medical Treatment
School Year: 2007-2008**

I/We _____ of _____, hereby authorize
(Parents/Legal Guardians) (Address, City, State & Zip)

any aide, teacher, the school director, or employees of Redeemer Preschool and Kindergarten, to consent to any x-ray, examination, anesthetic, medical or surgical diagnosis or treatment and hospital care, to be rendered to my child, _____ (Child's Name) under the general or special supervision and on the advice of any physician or surgeon licensed to practice in the state of Georgia, when the need for such treatment is immediate, and when efforts to contact me are unsuccessful. I agree that Redeemer Preschool and Kindergarten will not be held responsible for the cost of any medical treatment obtained by the authorization of this consent for my child. This consent form will expire on May 16, 2008.

Dated this _____ day of _____, 200____.

Parent/Legal Guardian

Parent/Legal Guardian

My child's doctor: _____ Phone #: _____

Allergies (be sure to include food, insect stings, etc.):

Choice of specialists: _____

Hospital Preference: _____

Special health conditions: _____

Emergency Contacts:

Father's Name: _____ Work Phone: _____

Home Phone: _____ Cell/Pager #: _____

Mother's Name: _____ Work Phone: _____

Home Phone: _____ Cell/Pager #: _____

Other Emergency Contacts:

Name: _____ Relationship to child: _____

Home Phone: _____ Cell/Pager #: _____

Work Phone: _____

Name: _____ Relationship to child: _____

Home Phone: _____ Cell/Pager #: _____

Work Phone: _____
