

Emergency Medical Authorization

Should _____
Child's name
Date of birth

suffer an injury or illness while in the care of Dunwoody Baptist Preschool or any Enrichment class instructor, the school or instructor will attempt to contact a parent for directions as to treatment.

As the parent of a child attending DBP, I hereby release Dunwoody Baptist Church and Dunwoody Baptist Preschool from any responsibility or liability for the action taken on behalf of my child following an illness, accident or other medical situation that developed while my child was in the care of DBP that the school representative or the Enrichment Class Instructor felt would be detrimental to my child if medical treatment was delayed. This includes but is not limited to any and all emergency medical costs incurred.

In the event a parent cannot be contacted or where in the judgment of the school it would be detrimental to the child to delay treatment, I authorize the school or Enrichment instructor to call 911 for emergency transport of my child to Children's Health Care of Atlanta at Scottish Rite Hospital or the nearest emergency care facility. I understand all costs and all liabilities incurred are at my expense. I understand that DBP does not carry liability insurance coverage sufficient to protect my child in the event of an injury, etc.

I agree to keep Dunwoody Baptist Preschool informed of any incidents requiring professional medical attention involving my child.

My child's primary source of health care is:

Doctor's Name
Doctor's phone #

Insurance Policy Name
Insurance Policy #

Dentist Name: _____ Dentist phone# _____

Dental Insurance information: _____

List any known medical conditions: Diabetic, asthmatic, food or drug allergies, etc.

Parent Signature
Date

Home Telephone: _____
Mom's Cell phone: _____
Dad's Cell phone: _____