



## PERMISSION TO TREAT & OBTAIN EMERGENCY MEDICAL CARE

|                           |            |
|---------------------------|------------|
| Child's Name: _____       | DOB: _____ |
| Medical Conditions: _____ |            |
| _____                     |            |
| Allergies: _____          |            |
| Medications: _____        |            |
| _____                     |            |

I authorize Lighthouse Kids Child Development Center, a ministry of Lighthouse Baptist Church, located at 6905 Nan Gray Davis Road, Theodore, AL 36582, to provide routine first aid and care for my child in the event of minor injury or illness while in care. I further authorize the Director or designated staff member to obtain emergency medical treatment for my child if such treatment is deemed necessary. I understand that I will be responsible for any medical expenses incurred.

I also authorize the Director or designated staff member to accompany my child during emergency medical transportation and to remain with my child at the hospital or emergency treatment facility until a parent or legal guardian arrives and assumes responsibility for my child.

### Emergency Contact Information

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

### Emergency Contact Information

Emergency Contact Name \_\_\_\_\_

Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date Signed