

Ebenezer UMC Preschool



161 Embrey Mill Road

Stafford, VA 22554

2020-2021

RELEASE FORM / MEDICAL EMERGENCY

In the event of an extreme emergency and neither parent can be contacted, I authorize the staff at Ebenezer United Methodist Church Preschool to obtain immediate medical care for my child _____, and to act as an agent for me. This may include hospitalization, diagnostic tests, surgery, administration of drugs, or x-rays.

I have medical insurance coverage for my child: Please circle one: yes no

Private Insurance name and policy number _____

Secondary Insurance name and policy number _____

Medicaid coverage number _____

I will be responsible for payment of medical care expenses. Please initial (_____)

Parent / Guardian Signature _____ Date _____