



EMERGENCY CONTACT AND MEDICAL AUTHORIZATION

(Please Print)

Child's Name _____ Child's Birth Date ___/___/___

Physician's Name _____ Phone _____

Family Health Insurance _____ Policy # _____

Please list a **local emergency contact** (if parents cannot be reached): _____

Name _____ Address _____ Relationship to Child _____

Home Phone _____ Cell Phone _____ Work Phone _____

I hereby authorize the staff to allow my child to leave the facility ONLY with the following persons: **(Please list names and telephone numbers of persons other than the parents to whom the child may be released including the emergency contact person listed above.)**

1. _____	_____	_____	_____	_____
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child

2. _____	_____	_____	_____	_____
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child

3. _____	_____	_____	_____	_____
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child

4. _____	_____	_____	_____	_____
Name	Home Phone	Cell Phone	Work Phone	Relationship to Child

AUTHORIZATION OF EMERGENCY MEDICAL ATTENTION:

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or designated staff person in charge of the John Wesley Preschool to take my child to Methodist Willowbrook Hospital, or to his/her physician. **I give consent for necessary emergency treatment.**

Parent Signature

Date

Sworn and subscribed to before me this _____ day of _____, 20_____.

Notary Public in and for
Harris County, Texas.