

Emergency Medical Care

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize Little Friends MDO Pre-K of Crosby Church staff to take my child to an Emergency Room or to the following physician (or his/her associate) for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions _____

I give consent for any and all treatment deemed necessary by the attending physician.

(Attach a photocopy of your insurance card)

(Signature of Parent/Guardian)

State of _____ **County of** _____

This instrument was acknowledged before me on (date) _____ **by**

(Notary Seal)

(Signature of Notary Public)