FIRST UNITED METHODIST
SCHOOL and **CHILD CARE CENTER**
EMERGENCY MEDICAL RELEASE FORM
Form Must Accompany Child to Hospital

Child's Name ____DOB___________SS#__________________

Address: Street____________________________________City______________________Zip___________

Mother's Name ____ Daytime Phone #__________________

Father's Name ____ Daytime Phone #__________________

I hereby grant permission for FIRST UNITED METHODIST staff to take whatever steps necessary to obtain emergency medical care, if warranted. These steps will include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician, if listed below.
3. Attempt to contact parent or guardian through any of the persons listed in the emergency information below.
4. If unable to contact parent, guardian, or child's physician, the school will do any or all of the following: (a) call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital/clinic in the company of a staff member.

Any expense incurred under the above will be borne by the child's family. The church, school, and child care center **are not** to be responsible for anything that may occur as a result of false medical or personal information.

In case of emergency, persons to contact in the event that the school is unable to reach a parent or guardian:

Name	Relationship	Address	Phone

Physician to contact in case of emergency:

Name	Address	Phone

MAY THE CENTER CALL ANOTHER PHYSICIAN IF UNABLE TO CONTACT THE ABOVE? YES ____ NO ____

Does your child have health insurance? Yes ____ No____ If yes:
Policy Name____________________________________Policy #____________________Phone #___________

Has your child been diagnosed with asthma? Yes____ No____
Any known allergies yes_____ no ______: If yes, explain____
Any daily administered medications: ____
Has your child been diagnosed or tested for ADD, ADHD, or Learning Disabilities? yes__no:__ If yes, is he/she on any type of medication? ____
Special Health Conditions _______yes ____no; if yes, explain ____

TO WHOM IT MAY CONCERN:

I hereby give my consent to (name of hospital) ____ to administer

treatment of my child, ___________________________________, in the event of any emergency at which time I

cannot be reached. I give consent to transport by ambulance or private car if the situation warrants.

Parent's signature _______________________________________

Subscribed and sworn to before me at ___________________________________, Florida on this______day

of ______________________.___________ ____(Notary Signature)
Month Year