

*First Baptist Preschool  
246 Washington Street  
Jefferson, GA. 30549*

Emergency Medical Authorization

In the event that I can not be reached to make arrangements for emergency medical attention, I authorize, *First Baptist Preschool Staff* to take my child,

\_\_\_\_\_ ,  
to an Emergency Room, or to the following physician or his/her associate, for medical care.

\_\_\_\_\_  
Parent Signature

Medical Information:

Doctor's Name \_\_\_\_\_ Phone Number (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State Georgia

Insurance Policy Co \_\_\_\_\_ Insurance Policy # \_\_\_\_\_

(\*Please attach a Photocopy of current insurance card to this form)

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_  
Parent Signature