Consent for Medical and/or Emergency Treatment

| I give my consent to Hope Lutheran Church Presch | hool who will | be who | will be caring | g for my o | child: |
|--|---|-----------------------------------|--|---------------------------------------|--------------------------------|
| during the period | od of/ | /_ | through | / | |
| To arrange for emergency medical care and treatmevent that my child is injured, or ill while under the give permission to Hope Lutheran Church Preschould for my child, and to take the appropriate measurements Service (EMS) system and arranging for transportational though a hospital preference has been stated on the | e care of Hope ool, or any med ares, including ation to the ne | e Luther dical per geontacter end | ran Church Properting the Emergency median | eschool, I nt, to prov gency Me | hereby ride first edical |
| In making medical decisions on my behalf for the me. However, if medical care becomes essential, to make such decisions regarding such treatment a their authorized designee. | I give permiss | ion to H | Iope Lutheran | Church I | Preschool |
| I acknowledge that no guarantees have been made condition of my child in any medical illness or injut Lutheran Church Preschool, and Hope Lutheran C treatment. I (we) understand that I (we) take full reand treatment rendered to my child during this per | ury that may o hurch from an esponsibility fo | occur. I (ny liabili | (we) do herby ity in connecti | release Hon with a | lope ny such |
| | // | | | | |
| Signature of Legal Guardian #1 | Date | | | | |
| Signature of Legal Guardian #2 | // Date | | | | |
| Whiteness (other than Guardian) | // | _ | | | |
| Emergency contact #1 (other than Guardian) | | | | | |
| Phone | | _ | | | |
| Emergency contact #2 (other than Guardian) | | _ | | | |
| Phone | | _ | | | |
| Health Insurance Carrier | | _ | | | |
| Health Insurance Policy # and Group # | | _ | | | |
| Personal Care Physician and phone number | | | | | |