

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**  
**The Ark Preschool and Ark Adventure Days**

If I cannot be reached to make arrangements for emergency care for my child at the time of an illness or accident, I request the director of the facility to call 911

Name of child: \_\_\_\_\_

Name of parent \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_

I give consent for necessary emergency treatment when my child is in the care of a physician or hospital/clinic.  
I give consent for the facility to secure any and all necessary emergency medical care for my child.

I give my consent for my child to be transported and to participate in field trips, supervised by facility's staff. I know that I will be notified in advance of all trips.

I hereby release FUMC, The Ark Preschool, Ark Adventure and any drivers from said programs from any responsibility in case of an accident. I agree to pay all medical fees incurred in connection with the treatment of my child.

**X** Parent Signature \_\_\_\_\_

List any special problems that your child may have, such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use. List appropriate steps that need to be taken in the event of illness and any other information which staff should be aware of:

\_\_\_\_\_

Can your child have our snacks? Typical snacks are: Cheese Nip type crackers, Ritz type crackers, Animal Cookies, Graham Crackers, Butter Cookies.

Yes \_\_\_\_\_ No \_\_\_\_\_ I will provide my child's daily snack.

**Parents are responsible for scheduling a meeting with the Director one week prior to the start of school to make an allergy plan of action for their child.**

**MUST BE NOTARIZED**

STATE OF TEXAS  
COUNTY OF \_\_\_\_\_

Subscribed and sworn to before me, a Notary Public in and for \_\_\_\_\_ County, Texas,

this the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

(seal)

My commission expires: \_\_\_\_\_