

Medical Emergency Form for 2017-2018

I/WE, _____, of
(Parent(s)/Guardian)
_____, City of _____,
(Street Address)
County of _____, State of _____ am/are
the parent(s)/or have legal custody of _____
(Student's Name)
a minor, age _____, born _____, who resides with me/
us at the address set forth above.

IN CASE OF AN EMERGENCY, I/WE authorize any representative of St. Luke's United Methodist Child Development Center, in whose care the minor has been entrusted, to present such minor to an approved medical treatment center, and do consent to an X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care, to be rendered to the minor under the general practitioner or surgeon licensed to practice in any state of the United States, and do consent to an X-ray examination, anesthetic, dental or surgical diagnosis or treatment, and hospital care, to be rendered to the minor by a dentist licensed to practice in any state in the United States.

Dated this _____ day of _____, 20_____.

(Parent/Guardian Signature)

Personally appearing before me, _____.

This _____ day of _____, 20_____.

(Notary Public)

My Commission Expires: _____

- ID provided: Personally known
 Driver's License _____
 Other _____