

Dayspring Christian Pre-School

**Authorization for Emergency Medical Attention**

Child's Name: \_\_\_\_\_ Date: \_\_\_\_\_

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility Director or person in charge to take my child to:

\_\_\_\_\_  
Name of Physician

\_\_\_\_\_  
Address Ph.#

\_\_\_\_\_  
Name of Hospital

\_\_\_\_\_  
Address Ph.#

I give my consent for this facility to secure any and all necessary emergency medical care for my child.

\_\_\_\_\_  
Signature - Parent or Guardian

State of Texas  
County \_\_\_\_\_  
This instrument was acknowledged  
before me on the \_\_\_\_\_ day  
of \_\_\_\_\_

My Commission expires:

\_\_\_\_\_  
Notary Public State of Texas

\_\_\_\_\_  
Notary's Printed Name