

EMERGENCY CONTACT FORM

In case of an emergency where a parent cannot be contacted, we would like to have the name and phone number of someone who can take responsibility of your child. Thank you.

Child's Name _____
Name of Contact Person (s) _____
Relationship _____
Phone Number _____

****This is a required piece of information****

Out of State Contact _____
Relationship _____
Phone Number _____

Release Form

Child's Physician _____
Phone Number _____

In the event of an emergency, and neither parent nor any of the emergency contact persons can be contacted, I hereby authorize Dahlgren Christian Preschool Director/Teacher or Pastor, as agent for me, to consent to any X-ray examination, medical, dental or surgical diagnosis, treatment, and hospital care advised and supervised by a physician, surgeon or dentist (as appropriate) licensed to practice under the laws of the state where the services are rendered, either at the doctor's office or in any hospital.

(Signature of parent or legal guardian)

(Date)