

Luray United Methodist Preschool

1 West Main Street, Luray, VA 22835

Phone 540-743-6540

Permission for Emergency Health Care

Child's name as listed in Physician's Records		
Child's Physician	Physician's address	Physician's Phone #

Child's name as listed in Dentist's Records		
Child's Dentist	Dentist's address	Dentist's Phone #

First Aid

In the event of an emergency, I give permission to Luray United Methodist Preschool to transfer and transport my child offsite in an evacuation practice or emergency evacuation. I also give my permission for the adult in charge of my child to make any emergency medical care decisions for my child if the need should arise. I understand that if emergency medical care is needed I will be contacted as soon as possible and will be responsible for the cost.

Parent/Guardian Signature _____ Date _____

Emergency Care

In the event of an emergency in which I cannot be reached, the rescue squad, the physician/dentist listed above, or the local hospital, are hereby authorized to provide any emergency care deemed necessary for my child. I will be responsible for all costs.

Parent/Guardian Signature _____ Date _____