

LORD OF LIFE EARLY EDUCATION CENTER

3105 W 135TH STREET • LEAWOOD KS 66224

Authorization for Emergency Medical Care

In order to meet all legal requirements, I hereby authorize the staff at Lord of Life Early Education Center to give consent for any and all necessary emergency medical care for my child(ren) _____ while said child(ren) are in attendance at Lord of Life Preschool, Parents Day Out, or activities conducted by the Lord of Life Early Education Center.

The child's health assessment record may be available to the Emergency Room Staff.

Signature of parent or guardian
(signature must be notarized, see below)

STATE OF KANSAS

COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared at (location) _____ known to me to be the person whose name is subscribed above, and acknowledges to me that he/she executed the same for the purpose therein expressed. Sworn and subscribed before me this day: _____ / _____ / _____
day month year

(seal)

Notary Public in and for _____ County, KS

Health Insurance Provider _____ Policy # _____

Do you receive medical assistance? YES NO Program & Card # _____

Is your child eligible for military medical care? YES NO I.D. # _____

Emergency contact (name, address, day-time phone) & relation to child _____

Physician contact (name, address, phone) _____