

**MEDICAL EMERGENCY AUTHORIZATION**  
**Our Redeemer Lutheran Preschool**

Child's Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_  
Home Telephone # (Cell #'s included): \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_  
Employer: \_\_\_\_\_ Employer: \_\_\_\_\_  
Work Telephone #: \_\_\_\_\_ Work Telephone #: \_\_\_\_\_

Name & Address of first relative/friend to contact in case of a Medical Emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Name & Address of second relative/friend to contact in case of a Medical Emergency: \_\_\_\_\_  
Relationship: \_\_\_\_\_ Home #: \_\_\_\_\_ Work#: \_\_\_\_\_

Child's Physician: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Clinic Preference: \_\_\_\_\_

Child's Dentist: \_\_\_\_\_  
Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Health Insurance Source: \_\_\_\_\_ Policy #: \_\_\_\_\_  
Telephone #: \_\_\_\_\_

ALLERGIES OR SPECIAL NEEDS: \_\_\_\_\_

SPECIAL INSTRUCTIONS IF CHILD IS INJURED OR ILL: \_\_\_\_\_

**Medical Release:**

I authorize Our Redeemer Lutheran Preschool to seek emergency medical treatment for my child. I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia, or other emergency treatment ONLY IF I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken. But, if it is not possible to locate us, I accept the expense. In the event of a life-threatening emergency, I understand that 9-1-1 will be called to take my child to my preferred hospital or to the nearest medical facility.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**These individuals ARE authorized to pick up my child from preschool/child care:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

**These individuals ARE NOT authorized to pick up my child from preschool/child care:**

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Relationship to Child: \_\_\_\_\_