

Learn and Play
Champion Forest Baptist Church
15555 Stuebner-Airline Drive
Houston, TX 77069
281-885-6723

MEDICAL / EMERGENCY RELEASE FORM – SCHOOL YEAR 2006-2007

Name: _____ Registration Date: _____

Please list any special problems that your child may have: such as allergies, existing illness, previous serious illness, injuries during the past 12 months, any medication prescribed for long-term continuous use, and any other information that the staff should be aware of.

Please reiterate these to the staff on duty for each session your child attends.

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION:

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

	Licensed Physician	Hospital
Name:		
Address:		
Phone:		

I give my consent for necessary emergency treatment when my child in the care of this physician and/or hospital/clinic.

Signature – Parent/Legal Guardian