

*Redeemer Lutheran Child Care and After-School Program
Englewood, Florida 34224
941-475-2631*

If my child, _____, should become ill or injured at Redeemer Lutheran, I understand that the Center will:

1. Contact me immediately
2. Contact the persons that I have designated if I cannot be reached.
3. Contact my child's physician and/or arrange for immediate emergency medical treatment, including medical transport.

Physician to be called in an Emergency

Doctor's Name: _____ Phone: _____

Address: _____

Dentist's Name: _____ Phone: _____

Address: _____

Preferred Hospital: _____

If identified physician cannot be reached, what is parent/guardian preferred action?

Medical Insurance Information: Yes ____ No ____

Name and Social Security Number of Policy Holder: _____ Insurance Company Name: _____

Group Name/ Plan Number: _____ Phone Number: _____

Medical History

Allergies: _____

Chronic Medical Conditions/Medical History: _____

OPTIONAL: I DO ____ I DO NOT ____ authorize the use of maintenance of extraordinary life prolonging medical procedures to keep my child alive in the event of an injury resulting in a condition from which as determined by the attending physician and applicable medical specialist, there can be no recovery and that death is imminent. I further relieve any person or medical institution of any and all civil and criminal liability for actions taken in good faith and after full determination and consideration of all relevant circumstances.

Permission for medical treatment: In case of an accident or emergency, If neither parent nor authorized persons listed can be reached, I authorize the caregivers of Redeemer Lutheran Child Care and After-school to take my child to the above named physician or hospital for such emergency treatment and measures as are deemed necessary for the safety and protection of the child at my expense.

Parent/Guardian Signature: _____ Date: _____