

Tabernacle Learning Center for Preschoolers
Emergency Care Information
2012/2013

Name of Child _____
Name of Child's Doctor _____ Office Phone _____
Address _____
Name of Child's Dentist _____ Office Phone _____
Address _____
Hospital Preference _____

If neither father nor mother (or guardian) can be contacted, please list three people who can be contacted:

| | | |
|------------|--------------------|--------------------|
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |

If you cannot pick up your child, please give the name of three people whom your child can be released to:

| | | |
|------------|--------------------|--------------------|
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |
| Name _____ | Relationship _____ | Phone Number _____ |

I agree that the director or alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

(Signature of Parent)

I, as the operator, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

(Signature of Director)

I authorize TLC for Preschoolers at Tabernacle Baptist Church to display my child's picture on Preschool related bulletin boards at the church, on the internet (no names listed), or other photographic or video media related to Tabernacle Baptist preschool functions and/or events.

Yes _____ No _____

Parent Name _____ Date _____

Signature of Parent _____