

**Trinity Lutheran Church Preschool**  
21320 Midland Drive, Shawnee, Kansas 66218 • 913-563-5280

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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize persons employed at Trinity Lutheran Church/Trinity Lutheran Church Preschool to give consent for any and all necessary emergency medical care for my child while in the care of the facility.

*This release is valid from August 1, 2018 through the child being no longer enrolled.*

Child's Full Name \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Address \_\_\_\_\_

Physician's Phone Number \_\_\_\_\_

Insurance Carrier \_\_\_\_\_ Policy Number \_\_\_\_\_

Medical Information on child (allergies, diseases, other):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mother's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Other Contact \_\_\_\_\_

Phone Number \_\_\_\_\_

Relationship to Child \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date Signed