

**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, 2017 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