

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

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

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 24, 2026 through the child no longer being enrolled.

Child's Full Name _____

Physician's Name _____

Physician's Address _____

Physician's Phone Number _____

Insurance Carrier _____ Group ID _____

Member ID _____

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

Mother's Name _____

Phone Number _____

Father's Name _____

Phone Number _____

Other Contact _____

Phone Number _____

Relationship to Child _____

Parent Signature

Date Signed