

WRITTEN CONSENT
EMERGENCY MEDICAL CARE

In case of sickness or accident and we cannot be contacted, I hereby give my consent to the Debra T. Thomas Learning Center 2, Inc. to provide emergency medical care through a clinic, hospital, or doctor for:

(Child's Name)

Name of Preferred Physician: _____
(Or Certified Christian Science Practitioner)

Address: _____ **Telephone#** _____

Name of Preferred Hospital or Clinic: _____

Address: _____ **Telephone#** _____

If transportation is needed for my child in case of injury or illness, we agree that he/she may be transported in a privately owned car or a commercial conveyance, ambulance, or rescue unit vehicle.

Signature _____

Date _____