

EMERGENCY MEDICAL RELEASE

(This must be notarized)

I hereby authorize the Lutheran Child Care Center, 1701 Ring Road East, Elizabethtown, KY, to have my child, _____

transported by EMS or other emergency vehicle to Baptist East Hardin in Elizabethtown, KY for necessary emergency medical treatment. I understand that every effort will be made to contact me or those I have indicated for emergency release.

I further authorize Baptist East Hardin to render necessary emergency medical treatment for my child, _____.

Date _____ Parent/Guardian Signature _____

Subscribed and sworn to before me this _____ day of _____

My commission expires _____

Notary Public _____

Information

Child's Physician _____ Phone Number _____

Medical Issues _____

Allergies _____

Date of Last Tetanus Shot _____

Insurance Company _____

Insurance Company phone number _____

Policy Number _____

Subscribers Name _____