

**Community Christian Preschool  
Community United Methodist Church**

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

Phone \_\_\_\_\_

Office Address \_\_\_\_\_

Preferred Hospital \_\_\_\_\_

Known **Allergies** \_\_\_\_\_

Regular Medications \_\_\_\_\_

Insurance Company Covering Child \_\_\_\_\_

Policy Number: \_\_\_\_\_ Expiration Date \_\_\_\_\_

**Consent to Medical Treatment/Transport for Further Medical Treatment:**

We, the undersigned, are the parents, the parent having legal custody, or the legal guardian(s) of \_\_\_\_\_, a minor, and have given our consent for him/her to attend Community Christian Preschool, implemented by the staff of Community Christian Preschool in Casselberry, Fl. In the event that he/she is injured while attending such school and requires medical attention, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. We hereby authorize the Director, or lead Teacher to give such consent for us if we cannot be reached or if medical conditions warrant immediate treatment. In the event this person(s) gives consent for us, we agree to hold such person and Community United Methodist Church and its employees free and harmless of any loss, liability, claims, demands, or suits for damage arising from giving of such consent. We give consent that such necessary medical treatment/transport be performed at the closest appropriate medical facility. We also assume responsibility for any and all medical bills incurred.

**Parent Name** \_\_\_\_\_ **Signature** \_\_\_\_\_

**Subscribed and sworn to before me this** \_\_\_\_\_ **day of** \_\_\_\_\_

\_\_\_\_\_  
**Notary Public**

**Commission Expires** \_\_\_\_\_