

MEDICAL RELEASE FORM

Parent / Legal Guardian Name: _____

Address: _____

Phone Numbers Home: _____

Work: _____

Cell: _____

Other: _____

Emergency Contact (if Parent/ Legal Guardian cannot be reached)

Name: _____

Phone Numbers Home: _____

Work: _____

Cell: _____

Other: _____

I authorize and hereby grant permission to Messiah Lutheran Preschool and Staff, in my own behalf and on the behalf my child, to administer to my child any and all medical and/or dental attention in the event of an injury or illness, until such time as I can be contacted. I further authorize Messiah Lutheran Preschool and Staff as the above identified Emergency Contact to consent to medical, surgical or dental examination or treatment. This permission includes, but is not limited to, the administration of first aid, the use of an ambulance, and any medical/dental procedures under the recommendation of qualified medical personnel.

I further acknowledge and understand that I will be responsible for any and all medical and related bills that may be incurred on behalf of my child for any medical or dental emergency or injury that may occur while my child is on the premises of Messiah Lutheran Preschool.

I have read the above medical waiver and I fully understand that by signing this form for myself and on behalf of my child, I hereby agree to these terms freely, voluntarily and without inducement, in my own behalf, and on behalf of my child, release and hold harmless Messiah Lutheran Preschool in the exercise of this authority.

Child's Name: _____

Parent Signature: _____

Date: _____