



**Persons authorized to pick up your child (other than parents):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_

**List below person to contact in case of emergency (other than parents):**

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Physician's Name \_\_\_\_\_ Phone \_\_\_\_\_

Health Insurance Carrier/Policy # \_\_\_\_\_

Hospital Preference \_\_\_\_\_

Allergies: \_\_\_\_\_

\_\_\_\_\_

Should my child \_\_\_\_\_ become ill or suffer an accident of any type while in the care of Midwood Baptist Church Parents' Morning Out, the director shall make every effort to contact me immediately. In the event said personnel are unable to reach me, said personnel or employees of MBC Parents' Morning Out are authorized to secure any medical attention, treatment, and services for my child as may be deemed necessary. Any qualified persons providing such required medical attention, treatment, or services may accept this signed consent form. I agree to assume responsibility for payment of all medical costs incurred.

I give permission for my child, \_\_\_\_\_, to be transported by car or ambulance to an emergency treatment center, and will hold employees of MBC harmless.

**Signature Parent/Guardian**

\_\_\_\_\_

**Date** \_\_\_\_\_