



Lake Travis United Methodist Church Preschool
1502 Ranch Road 620 North
Austin, TX 78734
(512) 266-2250
www.ltumc.org

2010 – 2011 MEDICAL EMERGENCY

In the event of a medical emergency, our policy is to contact our parents first. If we cannot reach you, we will try to contact any others you have designated. In the event that we are unable to contact you or your designated representative(s), or if the medical emergency warrants immediate response, we will act, on your behalf and in the best interest of your child. I authorize the facility director or person in charge to take my child to:

Hospital: _____ Phone: _____
Address: _____ City: _____ Zip: _____
Physician: _____ Phone: _____
Address: _____ City: _____ Zip: _____

I give consent for this facility to secure all medical care for my child listed above.

Parent's Signature: _____ Date: _____

EMERGENCY CONTACTS

Give names of persons to call if parents/guardians cannot be reached. I hereby authorize Lake Travis UMC Preschool to disclose information, and/or allow my child to leave the facility with only the following people.

Last Name: _____ First Name: _____ Middle Initial: _____
Relationship: _____
Street Address: _____ City: _____ Zip: _____
Home Number: _____ Work Number: _____ Cell Number: _____

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Home Number: _____ Work Number: _____ Cell Number: _____

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Relationship: _____
Street Address: _____ City: _____ Zip: _____
Home Number: _____ Work Number: _____ Cell Number: _____

Parent's Signature: _____ Date: _____