

**Christ Church Preschool Parent's Day Out Summer Camp 2019
Authorization for Emergency Medical Care**

Child's Name _____
Date of Birth _____ Age as of 9/19 _____
Address _____
City _____ Zip Code _____
Main Contact Email _____
Parents Names _____
Cell Phone(s) _____
Emergency Contact _____
Cell Phone _____
Allergies or medical needs _____

I hereby grant permission for my child to participate in all activities of Christ Church Preschool's Parent's Day Out Summer Camp.

I hereby grant permission for my child's picture to be taken during the event.

I have read and acknowledge the Parents' Day Out Summer Camp Guidelines.

I hereby waive any claim against Christ Church Preschool, The Woodlands, Texas.

I hereby grant permission for the Minister, Staff Person, Acting Director, or an authorized counselor to take whatever steps may be necessary to obtain emergency medical care if warranted.

These steps may include, but are not limited to the following:

- 1. Attempt to contact parents/guardians through the numbers listed on this form.**
- 2. Attempt to contact the child's physician.**
- 3. If we cannot contact you or your child's physician, we will do any or all of the following:**
 - a. Call another physician**
 - b. Call an ambulance**
 - c. Have the child taken to an emergency hospital in the company of a staff member**
- 4. Any expenses incurred under item 3 will be borne by the child's family.**
- 5. The church will not be responsible for anything that may happen, as a result of false information given at the time of registration.**

_____ **Date** _____

Signature of Parent or Legal Guardian

My child will be attending: _____ Week 1 (July 16/18) _____ Week 3 (July 30/Aug 1)
_____ Week 2 (July 23/25) _____ Week 4 (Aug 6/8)