

**Mt. Harmony Weekday Preschool  
Emergency Authorization for Medical Care**

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

Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Sex: Male or Female

Address: \_\_\_\_\_

Parent/Guardian \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Secondary Contact to notify in event of emergency: \_\_\_\_\_

Their relationship to you: \_\_\_\_\_ Their Phone (\_\_\_\_) \_\_\_\_\_

**(Attach a copy of your insurance card or have one made on "open house" night)**

Child's Doctor Name: \_\_\_\_\_ Practice Name \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Hospital Preference: \_\_\_\_\_ Phone # (\_\_\_\_) \_\_\_\_\_

Please list all medications taken on a regular basis (prescriptions brought with your child to school **Must** have a pharmacy label and a name of the prescribing doctor's name. \_\_\_\_\_

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The health history listed is complete and accurate as far as I know, and the person herein described had permission to engage in all prescribed activities except as noted. By signing this form, I acknowledge that I have given permission for my child to attend any activities associated with Mt. Harmony Weekday Preschool.

Emergency Authorization: I hereby give permission to medical personnel selected by Mt. Harmony Weekday Preschool, its sponsors/designees and Mt. Harmony Weekday Preschool Staff to order X-Rays, routine tests, and treatment for my child. In the event of an emergency and neither the secondary contact or myself can be reached, I hereby give permission to the physician selected by Mt. Harmony Weekday Preschool, its sponsors/designees and Mt. Harmony Weekday Preschool Staff to hospitalize, secure proper treatment, order injections and/or anesthesia and /or surgery for my child as named above.

I further authorize the release of the above medical information to appropriate medical personnel and/or the health coverage insurance company. In addition, I have, and do hereby, release Mt. Harmony Weekday Preschool and Mt. Harmony Baptist Church, its directors, employees, or agents from liability associated with participation in the Weekday Preschool Program of Mt. Harmony Weekday Preschool of Mt. Harmony Baptist Church of Matthews, NC.

**Over Please**

Mt. Harmony Weekday Preschool  
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**Please sign below only in front of the licensed notary public.**

**Parent/ Guardian Signature:**

\_\_\_\_\_ Date \_\_\_\_\_

**The following to be completed by the notary witnessing parent/guardian's  
signature**

Date: \_\_\_\_\_

The state of North Carolina the county of \_\_\_\_\_

Before me, a notary public, on this day personally appeared \_\_\_\_\_

Known to me (or proved to me on oath of \_\_\_\_\_)

To be the person whose name is subscribed to the foregoing instrument and acknowledged to me that he/she executed the same for the purpose and consideration therein expressed. Given under my hand and the seal of the office this

\_\_\_\_\_ day of \_\_\_\_\_, A.D. \_\_\_\_\_.

\_\_\_\_\_  
Notary Public, State of North Carolina

\_\_\_\_\_  
Print Name of Notary Public here

\_\_\_\_\_  
Signature of Notary Public

My commission expires the \_\_\_\_\_ day of \_\_\_\_\_, A. D. \_\_\_\_\_