

AUTHORIZATION FOR MEDICAL CARE

KIDS OF THE KINGDOM PRESCHOOL

This authorization is for _____ during his/her travel and participation in all 2024-2025 Kids of the Kingdom Preschool Activities with Floyds Knobs Baptist Church. In case of sudden illness or accident to the above-named person requiring immediate treatment or surgery, a sponsor from Kids of the Kingdom Preschool and/or Floyds Knobs Baptist Church can take such action as seems appropriate to protect the health and physical well-being of my child. This authority extends to any physician or surgeon to perform whatever medical or surgical procedure is necessary to preserve the life or well-being of the above participant.

I further grant approval for the above minor to participate in all activities conducted during the event. I further state that the above-named minor is in good health and requires no special care or medication except as listed below.

The above-named requires special care or medication? Yes No

If yes, list any medications or allergies _____

Are special medications being sent with this child to meet his/her needs during the school year?

Yes No If so, please list _____

Parent or Guardian's Name _____

Mobile Phone Number _____ Work Phone Number _____

Please list someone who does not live with you, to call in case of an emergency.

Name _____ Mobile Phone Number _____

Relationship to Child _____

Authorization to seek medical treatment: Should an emergency arise, I authorize Kids of the Kingdom Preschool to seek medical care for my child at the nearest medical facility. I understand that I am responsible for any financial expenses that may incur.

Parent's Signature _____ Date _____

INSURANCE INFORMATION

KIDS OF THE KINGDOM PRESCHOOL

Do you have hospitalization insurance?

Yes

No

Name of insurance company _____

Policy/Group number _____

Name of Policy Holder _____

I have read and agree to abide by the guidelines set forth by Kids of the Kingdom Preschool and Floyds Knobs Baptist Church.

Parent/Guardian Signature _____ Date _____

Please have notarized below:

Subscribed and sworn to before me this _____ day of _____ 20 _____

Notary Public

My commission expires on _____ 20 _____