

McEachern Mother's Morning Out
Medical Information & Emergency Release Form

Child's Name _____

Parents' Name _____

Physician Name _____ Physician Phone Number _____

Physician Address _____

Insurance Company _____

Name of Insured _____

Member Number _____

Insurance Company Phone Number _____

Emergency Treatment Release:

In the event of illness or accident that requires immediate medical treatment at a time when a parent cannot be located, I give permission for the McEachern UMC Mother's Morning Out Director/Staff member to provide such emergency treatment to the best of their knowledge and ability. I will not hold "McEachern UMC Mother's Morning Out" Director/Staff member nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact a parent, the child's physician, and other persons listed for emergency contact.

DATE _____ Signature of Parent _____

Please list three names in case of illness or accident who can assume care for your child:

<u>Name</u>	<u>Relationship</u>	<u>Home Phone</u>	<u>Cell Phone or Beeper</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please notify the persons named above that they would need to pick up your child in the event of illness or accident if you are unable to do so.