

EMA Emergency Medical Authorization Revised 01/29/2020

I hereby give permission for emergency medical treatment for (name of child)_____

If requested by: BLS & ELC who are our Child Care Providers.

Please note that my child is allergic to the following medications:

It is also important to note that my child has the following special medical conditions:

Name of Physician: _____ Phone #: _____

Alternative Emergency Contact: Name _____ Phone # _____

Parent _____ Signature: _____ Date _____ Phone _____

Parent _____ Signature: _____ Date _____ Phone _____

After School Routine (List names of all individuals authorized to pick up your child)

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Name and Relationship: _____ Phone: _____

Will your Child ride the Bus? (schedule/times)_____

Additional Information

Is there any additional information that you would like to share about your child?
(Favorite things, food likes/dislikes; special interests or special routines; fears?)

We are blessed to have your Child at Bethesda Lutheran School and Early Learning Center!