

**LITTLE LAMBS CHRISTIAN PRESCHOOL
LYNN HAVEN UNITED METHODIST CHURCH
4501 TRANSMITTER RD
PANAMA CITY, FL 32404
(850)265-8485
Medical Release Form**

I/We hereby give our son/daughter _____ permission to participate in scheduled preschool activities. I understand with my child's participation, he/she is doing so at his/her own risk without any liability whatsoever on the part of Little Lambs Christian Preschool/Lynn Haven United Methodist Church, its officers, staff and members, all such liability being hereby expressly waived. This waiver shall be binding upon the heirs, executors and/or assigns of myself and my son/daughter.

I/We authorize staff in the child care program who are trained in the basics of first aid to give my child first aid when appropriate.

EMERGENCY MEDICAL CARE

In the event I cannot be reached to make arrangements for emergency medical attention for my child(ren) I authorize Little Lambs Christian Preschool of Lynn Haven United Methodist Church, Staff to take my child to an Emergency Room, or to the following physician or his/her associates, for medical care.

Dr. _____ Hospital _____

Address _____ Phone _____

City _____ State _____ Zip _____

Special Instructions: _____

Medical Insurance Company _____ Policy # _____

Child's Address _____ Phone# _____ Date of Birth _____ Age _____

Parent/Guardian _____ Phone# _____

Business _____ Phone# _____

Emergency contact if parent/guardian cannot be reached:

_____ Phone# _____

Is your child allergic to any form of medication or anesthesia? Yes No
If yes, describe _____

Is your child presently under medical treatment/taking medication? Yes No
If yes, describe _____

Frequency of medication _____

(DO NOT SIGN UNLESS IN PRESENCE OF NOTARY)

In witness of our consent and agreement to the matters stated above, we have subscribed our signatures below.

Parent's/ Guardian's Signature _____ Date _____

Print Name _____

State of Florida: County of _____

Subscribed and sworn to before me, a Notary Public, this _____ day of _____, 20_____.

My Commission Expires:

Notary Signature