

First United Methodist Preschool
2466 First Street
Fort Myers Fl, 33901
332-2493

Emergency Treatment Form

-This form needs to be signed in the presence of a notary-

Child's Name _____ Birth Date _____

Parent's Name: _____

Phone Number: _____

IN THE EVENT of illness or accident which requires immediate medical attention at a time when the parent, the child physician, or other emergency contacts on the school enrollment form cannot be located at their listed phone numbers. I hereby give permission for the staff of First United Preschool to obtain and provide such emergency treatment as may be deemed necessary.

I AGREE TO pay cost of such care and treatment so obtained and provided and to indemnify First United Methodist Preschool or First United Methodist Church for cost.

I WILL NOT HOLD the school, it's employees or medical personnel for the results of such emergency care.

I UNDERSTAND this permission is only to be used in extreme emergencies and that all possible efforts will be made to contact me before medical treatment is sought for my child.

Signature _____ Date _____
(Parent/Guardian)

State of Florida, County of Lee, BEFORE THE UNDERSIGNED AUTHORITY, stated below personally appeared _____ who signed and agree to the term set forth in the above agreement.

Sworn and subscribed before me this ____ day of _____, 200 __
My commission expires: _____