



EMERGENCY TREATMENT PERMISSION

I give my permission for the Director or her Designee to transport my Child:

(Child's Name)

to the nearest medical facility (Hendersonville Medical Center) for treatment in the event of an emergency that needs immediate attention.

I understand that I will be notified as soon as possible if such an emergency should occur.

In case of any other type of illness or accident where time is not of the essence, the parent or other authorized person will be notified to come to the church and make the decision concerning treatment.

SIGNED: _____
(Parent or Legal Guardian)

DATE: _____