

**Mount Sterling Christian School & Daycare
Emergency Medical Release Form**

Child's Name _____ Date of Birth _____

To Whom it may concern:

I, _____, the legal guardian/parent of

_____ grant Mount Sterling Christian School & Daycare and/or it's agents to authorize emergency care should any medical problems arise.

I understand that the treating facility will make all reasonable attempts to notify me at the time of treatment, but that said treatment should proceed as needed, notwithstanding my notification.

I give Mount Sterling Christian School & Daycare, it's director, teachers and staff permission to seek emergency medical treatment for my child should the need arise. I will not hold Mount Sterling Christian School & Daycare, its director, teachers or staff responsible for any injury or illness that my child receives while in their care.

This instrument shall be in force during my child's enrollment at Mount Sterling Christian School & Daycare.

If at any time during treatment I/we can be reached or are present at the time of treatment, our judgment may supersede this instrument.

Parent/Guardian Signature _____

Relationship _____ Date _____

Phone
Number _____