**ST. PAUL LUTHERAN PRESCHOOL & CHILD CARE CENTER**

**257-2 E KING ST, STRASBURG, VA 22657**

**TEL (540) 465-2393 FAX (540) 465-2734**

**Email:** **splick@shentel.net** **Web:** [**www.strasburgchildcare.com**](http://www.strasburgchildcare.com)

EMERGENCY CONSENT FORM

In case of an emergency, St. Paul Lutheran Preschool and Child Care Center has my permission to administer emergency medical attention to my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This medical attention will be administered in conjunction with the 911 rescue system. I understand that I will be contacted immediately and will be given all information necessary on the situation. I also, agree should transportation be necessary, the responsibility for any eventual medical or monetary obligation is solely mine and not the responsibility of St. Paul Lutheran Preschool and Child Care Center.

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 Parent Signature Date