



STEP BY STEP PRESCHOOL

Excellence in Education; Foundation in Faith

EMERGENCY MEDICAL TREATMENT

PERMISSION FORM

In the event that our (my) child is injured and those in charge of Step By Step Preschool are unable to timely reach me (us) or one of the people designated to be contacted in the event of an emergency, We (I) authorize an adult employee of Step By Step Preschool to consent to any emergency x-ray, anesthetic, medical, surgical or dental diagnosis and/or treatment and hospital care.

The undersigned shall be liable and agree to pay all costs and expenses incurred in connection with such medical and dental services rendered to the after-mentioned child pursuant to this authorization.

I/We, further agree, that neither the Dix Hills Evangelical Free Church, nor any employee operating the Step By Step Preschool, volunteer, or board member shall be liable to us (me) or our (my) child for any such injury or damage resulting from my child's participation in school activities.

Child's Name: _____

Parent/Guardian: **X** _____

Parent/Guardian: **X** _____

Insurance Company: _____

Policy No.: _____

YOU MUST INCLUDE A COPY OF YOUR INSURANCE COVERAGE CARD INCLUDING DENTAL SHOULD YOU HAVE IT.