Learning Lighthouse Preschool
504 N. Pennsylvania
Lawson, MO 64062
816-296-3210
learninglighthouse@lawsonumc.org

MEDICAL AUTHORIZATION

In case there is an emergency and you cannot locate us (the parents or guardians), you have our permission to call 911 for treatment on:

_____ _____

Child's Name Parent's Signature

_____

Date

_____ _____ _____

Child's Physician Office Address Office Phone #

_____ _____

Hospital of Parent's Choice Hospital Telephone #

PLEASE HAVE THIS MEDICAL AUTHORIZATION FORM NOTORIZED.

Please list all of your contact numbers during school hours, so that we can get a hold of you in case your child should become ill or hurt at school. Thank you.

Notarized Official:

State of _____.

County of _____.

Subscribed and sworn to before me this _____ day of _____ in the year _____.

_____

Notary Public