

EMERGENCY MEDICAL TREATMENT

Should my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ become ill or suffer an accident while in the care of the Bright Beginnings Weekday program of First Baptist Church of Opelika, the church is to undertake to contact me immediately. In the event the church is unable to reach me immediately, the church and/or its designated staff is authorized to seek and obtain such medical attention, treatment, and services for my child as may be deemed necessary.

I understand that in the event something happens and Bright Beginnings church/staff deems it life-threatening, emergency medical assistance (911) will be called first, then I will be called.

I agree to assume responsibility for payment of all medical costs incurred.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent or Legal Guardian Signature Date

 Doctor’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_