



7820 Silverado Trail McKinney, TX 75070 (972-529-1502)

Authorization For Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Redeemer Day School and its staff to do the following for my child:

Child's Name _____ Date of Birth _____

Call:

Name of Doctor _____ Phone Number _____

Address _____

Call 911 for transport to:

Name of Hospital _____ Phone Number _____

Address _____

Please list any known allergies or illness that would conflict with emergency care or treatment:

Parent Signature _____ Date _____