

Friends in Faith Christian Preschool Medical Treatment and Authorization and Consent

I, _____ [Full Legal Name of Parent/Guardian], being the [parent/legal guardian] of _____ [Child's Full Name] authorize Friends in Faith Christian Preschool to seek, obtain and consent to emergency medical care for _____ [Child's Full Name] as deemed necessary by a licensed medical or healthcare professional. This authorization is for the period of 09/15/2026 until 06/10/2027.

Child's Information

Child's Full Name: _____ Date of Birth: _____

Address: _____

Parent's/Guardian's Information

Parent's/Guardian's Name: _____

Address: _____

Phone(H): _____ Phone(C): _____

Child's Health Information

Health Conditions (e.g., Asthma, Diabetes): _____

Allergies (e.g., to Medications, food): _____

Prescription Medications: _____

Other concerns or early intervention services your child receives: _____

Child's Medical Care and Insurance Information

Physician/Pediatrician: _____ Phone#: _____

Insurance Company: _____

Policy/Group #: _____ Policy Holder: _____

Signature of Parent/Guardian (notary witnessed)

Signature _____ Date _____

Print Name _____

Notary Acknowledgment

State of _____ County of _____ On this _____ day of _____
the year 2026 before me, _____, appeared _____, who is personally
known to me or proved to me on the basis of satisfactory evidence to be the person whose name is subscribed to this
instrument, and acknowledged that he or she executed it.

Notary Seal

(Signature of Notary Public)

My Commission Expires: _____