



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 will try 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 deemed necessary.

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