

Permission Form for Medical Attention

Should my child _____ become ill or suffer an accident of any character while he/she is in the care of the First Baptist Saks Child Development Center, F.B.S.C.D.C. shall undertake to contact me immediately. In the event that I am unable to be reached immediately, and/or my child needs immediate attention, a designated employee(s) of F.B.S.C.D.C. shall be authorized by me to secure and consent to such medical attention, treatment and services for my child as may be deemed necessary.

Any qualified person providing such required medical attention, treatment or services may accept such consent as if given by me in person. I agree to assume responsibility for payment of all medical costs incurred.

Signed (Both parents/guardians)

Name of Parent/Guardian **Date**

Name of Parent/Guardian **Date**