



## Agreement for Emergency Medical Care

In the event of a life threatening illness or accident which requires immediate medical care or treatment at a time when a parent/guardian cannot be reached, I give permission for the Director of First Friends, Program Staff in Charge, or Church Staff to authorize such care or treatment for my child.

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Child's Name (Please Print)

Please take my child to \_\_\_\_\_

Name of Hospital (Can specify name or state "closest available")

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Date

Signature of Parent/Guardian