

Shearer Hills Baptist – Early Learning Center
(Please Print Information)

Child's Name: _____

Mother's Name: _____ **cell #:** _____

Father's Name: _____ **cell #:** _____

IN CASE OF EMERGENCY in which parents cannot be reached, Please Call:

Name	Relationship	Telephone Numbers
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*****SPECIAL EMERGENCY REFERRAL INSTRUCTIONS*****

In The event I cannot be reached to make arrangements for emergency medical attention at the time of illness or accident;
I hereby authorize S. H. B. - Early Learning Center's Director to take my child to:
Name of Child-Care Facility

1.) _____
Doctor Address Telephone

2.) _____
Hospital Address Telephone

Parent / Guardian's Signature: _____ **Date:** _____

Release Authorization (Persons other than Parents)

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