

Wahiawa Baptist Preschool

Medical Emergency Authorization

In consideration of the Wahiawa Baptist Preschool taking care of my child and to assist them in quickly obtaining any medical care or attention that my child may need while in the custody of said school, I hereby authorize said school to employ

Dr. _____ Phone Number: _____, or if he/she is not available, any other licensed doctor to render any medical service that may, in the discretion of the doctor be necessary. I further authorize said school to call 911 and have the child transported to WAHIAWA GENERAL HOSPITAL in the case of a life-threatening circumstance. I agree that I will pay all doctors' bill and that said school will not be responsible for them.

I acknowledge that I am familiar with the premises of said school and that the premises are not in any way dangerous, and that aside from gross negligence and irresponsibility on the part of the school personnel, I assume the sole and entire responsibility for any injury my child may sustain on the premises of the school or in the custody of the school's personnel.

I further agree and consent that the Wahiawa Baptist Preschool, is hereby released from all or any claims or liability to me for damages for any injury sustained by my child, and further agree to hold the school and the First Baptist Church of Wahiawa free and harmless from any liability to my child for damages.

Student's Name _____ **Today's Date:** _____

Parent/Legal Guardian Signature: _____

Director's Signature _____