



Family Christian Academy Preschool

"Building Foundations for Faith and Learning"

Play Release and Emergency Medical Form

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the preschool.

I hereby grant permission for my child to be evacuated to a safe place in case of emergency weather or other conditions. In the event of such emergency the FCA Preschool will contact me or one of the other people I have listed on this emergency form.

I understand emergency medical treatment will be given only with a parental consent. Since informed consent must be given at the time of the incident, I understand that I must leave contact numbers where I, the parent/guardian, or a responsible designated adult may be reached if the numbers that I have already given do not apply for a particular day(s). In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Family Doctor _____ Phone # _____

Address _____

Or to (name of hospital or clinic) _____ Phone # _____

Address _____

Family Dentist _____ Phone # _____

Address _____

Or to (name of clinic) _____ Phone # _____

Name of Insurance _____ Policy # _____

Holder's name _____

I give my consent for necessary emergency medical treatment for my child. FCA Preschool may arrange for emergency transportation. My child may be transported by an ambulance or EMS.

Parent/Guardian Signature _____ Date _____

A Ministry of Family Worship Center
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