



First United Methodist Church
 140 Smirl Drive
 Heath, TX 75032
 972-771-6732

Lil' Voyagers Authorization for Medical Treatment

*****Must be signed before a notary public*****

In the event that I cannot be reached to make arrangements for medical treatment, I authorize any representative of FUMC Lil' Voyagers Preschool to administer first aid to and/or to transport _____ (my child) to the nearest hospital or emergency treatment clinic. I authorize and hereby give my consent for any necessary medical treatment, emergency or otherwise, furnished by any licensed physician, hospital, emergency treatment clinic (health care provided), and I agree to pay all medical fees incurred in connection with the treatment of my child under the authority granted herein. I hereby release FUMC Lil' Voyagers Preschool and any health care provider, and any of their respective agents, employees, officers, or representatives, from any and all liability for any action taken on behalf of my child pursuant to the terms of this medical authorization. In addition, I hereby give permission for my child to participate in any activities which constitute a part of FUMC Lil' Voyagers Preschool whether such activities take place on FUMC property or elsewhere. I hereby release FUMC Lil' Voyagers Preschool, its agents, employees, officers, or representatives, from any and all liability which might arise out of my child's participation in the FUMC Lil' Voyagers Preschool.

Signature of Parent or Legal Guardian

Date

*****MUST BE SIGNED BEFORE A NOTARY PUBLIC*****

Notary Public: Sworn to and subscribe before me this _____
 day of _____, 20_____

Notary Public Signature

Printed Name

(See church office for Notary Public)