

# Temple Emanuel Early Childhood Center



## Medical Attention Release Form

If, in the judgment of a teacher, director or other responsible Temple Emanuel employee, emergency medical treatment is necessary for my child, I hereby authorize the Temple Emanuel Early Childhood Center representative to summon an ambulance or provide other appropriate assistance as deemed necessary. In such cases, Temple Emanuel Early Childhood Center staff will promptly notify a parent/guardian or other designated responsible person.

I understand that this includes the execution of any waivers or releases required by a doctor or hospital that I as the child's parent/guardian have the right to execute.

I understand that in an emergency the Temple Emanuel representative is acting in good faith effort in summoning or administering medical assistance.

\_\_\_\_\_  
Child's Name

\_\_\_\_\_  
Parent/Guardian Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date