

St. Catherine of Siena Preschool & Mother's Day Out



EMERGENCY MEDICAL AUTHORIZATION

In the event that we cannot be reached at any time of illness or accident, or the emergency is such that time does not permit such contact, I hereby authorize St. Catherine's Preschool/Mother's Day Out staff and/or Susan Sasso, Director, to take:

_____ to _____
(Child's Name) (Child's Physician)

Address: _____, Phone _____

Or to _____, Address: _____
(Hospital)

If neither of the above are available, I hereby authorize St. Catherine's Preschool / Mother's Day Out staff and/or Susan Sasso, Director, to call another licensed physician and I agree to be responsible for fees, medical and/or otherwise.

I, hereby, release St. Catherine's Preschool and it's staff from any and all liability for injuries or illness resulting from conditions or circumstances beyond its control.

(Date)

(Signature of Parent/Guardian)