

**Gracie's Preschool
Medical Consent Form**

Child's name: _____

Child's physician: _____ Phone: _____

Physician's address: _____

Preferred hospital: _____

Known allergies: _____

Regular medications: _____

Insurance company covering child: _____

Policy number: _____ Expiration date: _____

Consent to Medical Treatment:

We (I), the undersigned, are the parents, the parent having legal custody, or the legal guardian(s) of _____, a minor, and have given our consent for he/she to attend Gracie's Preschool, implemented by the staff of Grace Lutheran Church in Vero Beach, FL. In the event that he/she is injured while attending such school and requires medical attention, we consent to any reasonable medical treatment as deemed necessary by a licensed physician. We hereby authorize the Director, the teacher, or the Pastor to give such consent for us if we cannot be reached or if medical conditions warrant immediate treatment. In the event this person(s) gives consent for us, we agree to hold such person free and harmless of any claims, demands or suits for damage arising from the giving of such consent. We give consent that such necessary medical treatment be performed at the closest appropriate medical facility. We also assume responsibility for any and all medical bills incurred.

Indian River County
State of Florida

Signature

Subscribed and sworn to before me this _____ day of _____, 20__

by _____ who is personally known to me or who provided
Your name printed

FLDL _____ as identification.

Notary Public signature