



Authorization for Emergency Treatment

I hereby authorize Dr. _____ or any physician, surgeon, or dentist on the medical staff of _____ Hospital to administer any emergency treatment, procedure, or medicine necessary or advisable when First Baptist Church Mother's Morning Out personnel accompany my child, _____, to the emergency room.

I also authorize personnel to secure the use of an ambulance, if necessary, for transporting my child to the hospital.

I further agree to pay the hospital, doctors, and ambulance fees for all services rendered on the above named patient.

I request that this authorization remain in force as long as my child participates in Mother's Morning Out, unless notified by me of a change.

Parent or Guardian's Signature

Date



Mother's Morning Out