

Authorization for Emergency Treatment

I hereby authorize any X-ray, exam, anesthetic, dental, medical or surgical diagnosis or treatment by any physician or dentist licensed by the State of Oklahoma and hospital service that may be rendered to my child _____, under the consent of any Preschool at Jenks Church or Jenks Church of Christ personnel. I also authorize Preschool and Church 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, dentists, specialists and ambulance service for all services rendered to the above named patient. I request that this authorization remain in force as long as my child participates in The Preschool at Jenks Church program.

Parent/Guardian Signature

Date

The Preschool at Jenks Church
Jenks Church of Christ
2101 West 118th Street South
Jenks, OK 74037
(918) 299-2713, ext 207

I have read, understood and agree to abide by the policies and procedures in The Preschool at Jenks Church Handbook.

Signature of Parent/Guardian

Date