

Christ Lutheran Church Preschool
8997 S. Broadway
Highlands Ranch, CO 80129
303-471-9290
2016-2017

Authorization Form

Child's Last Name _____ First Name _____ DOB _____

Emergency

I hereby give permission to Christ Lutheran Church Preschool to call or take my child, _____, to a doctor for medical or surgical care should any emergency arise. I also give permission to Christ Lutheran Church Preschool to take my child to the local hospital emergency room and give the doctors at the hospital permission to administer medical or surgical care if necessary. It is understood that a conscientious effort will be made to locate me or my husband/wife, _____, before any action is taken, but if it is not possible to locate us, this expense will be accepted by us.

Physician's Name _____ Phone _____

Physician's Address _____

Street _____ City _____ Zip _____

Dentist's Name _____ Phone _____

Dentist's Address _____

Street _____ City _____ Zip _____

Hospital of Choice (choose one)

_____ Littleton Adventist 7700 S. Broadway Littleton, CO 80122
(303)-730-5800

_____ Sky Ridge 10101 Ridge Gate Parkway Lone Tree, Co 80124
(720)-225-1900

_____ Children's Hospital 1811 Plaza Dr, Highlands Ranch, CO 80129
(720) 478-1234

_____ Other: _____

Emergency Pick-Up

The following persons are authorized to pick my child up from Christ Lutheran Church Preschool in case of an emergency and the Preschool cannot reach me:

Emergency Contact #1 _____ Phone # _____

Address _____

Relationship to Child _____

Emergency Contact #2 _____ Phone # _____

Address _____

Relationship to Child _____

Emergency Contact #3 _____ Phone # _____

Address _____

Relationship to Child _____

Transportation (Car pool pick-up and drop-off)

Authorized Pick-Up #1 _____ Phone # _____

Address _____

Relationship to Child _____

Authorized Pick-Up #2 _____ Phone# _____

Address _____

Relationship to Child _____

Authorized Pick-Up #3 _____ Phone# _____

Address _____

Relationship to Child _____

People NOT Allowed to Pick-Up

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Name _____ Relationship to Child _____

Parents Signature

Date