

Christ Lutheran Church Preschool  
8997 S. Broadway  
Highlands Ranch, CO 80129  
303-471-9290  
2017-2018

**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