



*~ This Form Needs to be Signed in the Presence of a Notary ~*

Child's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Daytime Contact Numbers: \_\_\_\_\_

**In the event of illness or accident which requires immediate medical treatment** at a time when the parent, a child's physician, or other emergency contacts on the school enrollment cannot be located at their listed telephone numbers, I hereby give permission for the staff of Connection Point Early Learning Center to obtain or provide such emergency treatment as may be deemed necessary.

- **I agree to pay** costs of any such care and treatment so obtained and provided and to indemnify Connection Point or First Christian Church for such costs.
- **I will not hold the school**, its employees, or medical personnel responsible for the results of such emergency care.
- **I understand** that this permission is only to be used in extreme emergencies and that all possible efforts will be made to contact me before medical treatment is sought for my child.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

State of Florida, County of Lee

Before the Undersigned Authority, stated below, personally appeared \_\_\_\_\_  
\_\_\_\_\_ who has signed and agrees to the terms set forth in the above agreement.

*Sworn and Subscribed Before Me on* \_\_\_\_\_

Notary Signature: \_\_\_\_\_