

**County Line United Methodist  
Church**  
Mother's Morning Out & Preschool  
Program



Emergency Contact Information:

**Please list three names, other than yourself, in case of illness or accident who will be able to assume care for your child.**

<u>Name</u> <u>Phone</u>	<u>Relationship</u>	<u>Phone</u>	<u>Alt.</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Please notify the persons named above that they would need to pick up your child in the event of illness or accident if you are unable to do so.**

**Emergency Treatment Release:**

**In the event of illness or accident that requires immediate medical treatment at a time when a parent cannot be located, I give permission for the County Line United Methodist Mother's Morning Out, Preschool Director or Staff member to provide such emergency treatment to the best of their knowledge and ability. I will not hold County Line United Methodist Mother's Morning Out Director, Preschool Director or their Staff, nor medical personnel responsible. This is done with the understanding that every attempt will have been made to contact a parent, the child's physician and other persons listed for emergency contact.**

**Date:** \_\_\_\_\_

**Parent's Name:** \_\_\_\_\_

**Signature of Parent:** \_\_\_\_\_

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