

Emergency Authorization

I hereby give my consent to Prince of Peace Catholic Church Kids' Day Out Program/Summer with Jesus to call Dr. _____ at (Phone #) _____ or a hospital emergency room (Name, Phone #) _____ for medical or surgical care of my child(ren) should any emergency arise where such a service is indicated. I understand the cost of this care will be paid by me, the parent(s).

It is understood that a conscientious effort will be made to notify me before such actions are taken if time permits.

I understand that Prince of Peace Catholic Church Kids' Day Out/Summer with Jesus will contact me or the names I have designated on the registration form to be called for emergencies, if we cannot be reached and if time permits.

In order to meet all legal requirements, I hereby authorize the representative of Prince of Peace Catholic Church Kids' Day Out Program/Summer with Jesus to give my consent for any and all necessary emergency medical care for my child(ren) named _____ while said child(ren) is/are in said individuals' custody.

Signature of Parent or Legal Guardian

STATE OF TEXAS, COUNTY OF _____

Before me, the undersigned authority, on this day personally appeared (Parent or Guardian's Name): _____ known to me to be the person whose name is subscribed above, and acknowledged me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed before me this _____ day of _____, 20____.

SEAL

NOTARY PUBLIC in and for
_____ COUNTY,
TEXAS