

**EMERGENCY TREATMENT FORM**

Child's name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's name \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

IN THE EVENT of illness or accident which required immediate medical treatment at a time when a parent, the child's physician or other emergency contacts on the registration form cannot be located at their listed telephone numbers, I hereby give permission for the staff of First Presbyterian Church to obtain and 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 First Presbyterian Church of Bonita Springs for such costs.

I WILL NOT HOLD the church, 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 \_\_\_\_\_  
(Parent/Guardian)