



**Calvary Christian Academy Preschool**

1401 Oakhurst Scenic Drive  
Fort Worth, Texas 76111  
phone (817) 332-3351 FAX (817) 332-4621  
www.calvaryacademy.com

**Authorization for Emergency Medical Care**

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

**In the event that I cannot be reached to make arrangements for emergency medical care at the time of an illness or accident, I hereby authorize Calvary Christian Academy Preschool to take my child to**

Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

or to the following hospital:

Hospital \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Insurance \_\_\_\_\_ Phone \_\_\_\_\_ Group # \_\_\_\_\_ Policy # \_\_\_\_\_

Parent or Legal Guardian name \_\_\_\_\_

x \_\_\_\_\_

Parent or Guardian **Signature**

Date

**In the event of an emergency and the parents/guardians of the child cannot be reached, Calvary Christian Academy Preschool may contact the following persons:**

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License / ID number \_\_\_\_\_

NAME \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_ Driver's License / ID number \_\_\_\_\_