



## Emergency Treatment Form

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

Child's Name: \_\_\_\_\_ Birth Date: \_\_\_\_\_

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

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

**In The Event of Illness or Accident Which Requires Immediate Medical Treatment** at a time when a parent, the child's physician, or other emergency contacts on the school enrollment form cannot be located at their listed telephone numbers, I hereby give permission for the staff of Bright Beginnings Early School 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 Bright Beginnings or Cypress Lake United Methodist Church for such costs.

**I Will Not Hold the School,** it's 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)

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 this  
\_\_\_\_\_ Day of \_\_\_\_\_ 2\_\_\_\_\_

My Commission Expires: 9-26-2019

\_\_\_\_\_  
Signature of Notary