

**Tabernacle Learning Center for Preschoolers  
2017/2018**

Name of Child's Doctor \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Name of Child's Dentist \_\_\_\_\_ Office Phone \_\_\_\_\_  
Address \_\_\_\_\_  
Hospital Preference \_\_\_\_\_

If neither father nor mother (or guardian) can be contacted, please list three people who can be contacted:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

If you cannot pick up your child, please give the name of three people your child may be released to:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone Number \_\_\_\_\_

I agree that the director or alternate may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.

---

(Signature of Parent)

I, as the director, do agree to provide transportation to an appropriate medical resource in the event of emergency. In an emergency situation, a responsible adult will supervise other children in the facility. I will not administer any drug or medication without specific instructions from the physician or the child's parent, guardian, or full-time custodian.

---

(Signature of Director)

I authorize TLC for Preschooler's at Tabernacle Baptist Church to display my child's picture on Preschool related bulletin boards at the church, on the internet (no names listed), or other photographic or video media related to Tabernacle Baptist preschool functions and/or events.

Yes \_\_\_\_\_ No \_\_\_\_\_

Parent Name \_\_\_\_\_ Date \_\_\_\_\_

Signature of Parent \_\_\_\_\_