

HILLCREST CHILD DEVELOPMENT CENTER
MEDICAL/EMERGENCY FORM – REVISED FALL 2009

IN CASE OF EMERGENCY, PLEASE LIST THREE PEOPLE TO CALL (OTHER THAN THE PARENTS) WHO ARE EASY TO CONTACT:

NAME/RELATIONSHIP OTHER NUMBER	HOME PHONE
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NAME/RELATIONSHIP OTHER NUMBER	HOME PHONE
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WE HAVE A WONDERFUL, COMPETENT TEACHING STAFF. THEY WILL DO EVERYTHING POSSIBLE TO SEE THAT YOUR CHILD IS SAFE AND SECURE. HOWEVER, IN THE EVENT THAT YOU CANNOT BE REACHED FOR ILLNESS OR ACCIDENT, WE WILL CONTACT THE ABOVE LISTED PEOPLE TO MAKE ARRANGEMENTS FOR EMERGENCY MEDICAL ATTENTION.

WAIVER AND RELEASE

I, _____ WILL NOT HOLD

HILLCREST BAPTIST CHURCH

PRINT NAME – PARENT/GUARDIAN

OF DALLAS, INC. OR ITS CHILD DEVELOPMENT CENTER, OR ANY STAFF THEREOF,

RESPONSIBLE FOR ANY ILLNESS OR ACCIDENT WHILE MY CHILD IS IN THEIR CARE. I HAVE

PROVIDED HILLCREST BAPTIST CHURCH CHILD DEVELOPMENT CENTER WITH AN

UP-TO-DATE COPY OF MY CHILD'S IMMUNIZATION RECORD.

SIGNED

DATE

PHYSICIAN'S NAME

PHONE NUMBER

PHYSICIAN'S ADDRESS

**I AM AWARE THAT I NEED TO INFORM AND PROVIDE
HILLCREST CHILD DEVELOPMENT CENTER WITH AN UPDATED
COPY OF MY CHILD'S IMMUNIZATIONS AS THEY ARE
ACQUIRED.**

YOU MAY HAVE YOUR CHILD'S RECORDS FAXED FROM YOUR
DOCTOR'S OFFICE.

PLEASE REFER TO THE HCDC HANDBOOK FOR THE CHURCH'S
FAX NUMBER.