



Bethany Lutheran Child Development Center

10101 Walnut Hill Lane • Dallas, Texas 75238

214-348-9691 • cdc@bethany.net

www.bethanycdc.net

Emergency Medical Release

Child's Name _____

I acknowledge that I am responsible for all reasonable charges in connection with any emergency care of treatment rendered.

Parent's name _____

Address _____

City, State, Zip _____

Emergency # _____

Pediatrician _____

Address _____

City, State, Zip _____

Telephone _____

Other Emergency Contact: _____
Name Relationship Phone Number

Name of Health Insurance Carrier: _____

Child's Allergies: _____

Known medical conditions: _____

Date of last tetanus: _____

Group # _____

Medications child is taking: _____

Agreement # _____

Signature _____

Date _____