

First United Methodist Childcare Ministry

Learning Tree School
618 8th Street, Columbus, IN 47201
(812) 378-2825

Emergency Release Form

Dear Parent or Legal Guardian:

Columbus Regional Hospital provides this form to expedite your child's receiving medical care when you are away from home. Fill it out completely, have it witnessed, and leave with the person caring for your child(ren) at FUMCM Learning Tree School. The completed form needs to be presented at Columbus Regional Hospital when treatment is sought for your child(ren).

I (name) _____ (address) _____
(city) _____ (state) _____, do hereby state that I am the natural parent or legal guardian of (child's name) _____ (age) _____ born _____ who resides with me. I authorize a FUMCM Learning Tree School staff member, who works at 618 8th Street, Columbus, IN 47201, to consent to an X-ray, examination, anesthetic, medical, or surgical diagnosis or treatment and hospital care to be rendered to the minor child under the general or specific supervision and on the advice of any physician or surgeon licensed to practice in Indiana. I give permission to admit such visitors to the Emergency Department, surgery, and/or delivery rooms that are sanctioned in the policies established by the Board of Trustees of Columbus Regional Hospital.

Signature of Parent/Guardian _____ Date _____

Witness _____ Date _____

Child's Doctor _____

Parent's Doctor _____

Choice of specialists _____

Child's Allergies to Drugs (penicillin, etc., if any) _____

Date of last Tetanus Immunization _____

Medicine child is taking _____