

Emergency Treatment Authorization

In the event of an illness or accident which requires immediate medical treatment at a time when a parent cannot be reached, I give permission for Susan Stewart, Director of Mothers Morning Out, or other Mother's Morning Out personnel designated by the Director, to authorize such treatment. I will not hold Cashiers United Methodist Church or the Mothers Morning Out program personnel responsible. This is done with the understanding that every attempt will have been made to contact the parents, the child's physician, and the other persons listed for emergency contact.

Date _____ Signed _____
(Parent or Legal Guardian)