

BETHEL DAYCARE MINISTRY
8405 Lima Road
Fort Wayne, In. 46818

RESPONSIBLE ADULT PRE-CONSENT FORM

For: Name of Child _____
Date of Birth _____ Today's Date _____
Parent/ Guardian Home Phone _____
Mother's Work Phone _____ Cell Phone _____
Father's Work Phone _____ Cell Phone _____
Dr. _____ Phone _____
Dentist _____ Phone _____
Medications _____
Allergies _____
Last Tetanus Booster _____ Hospital Preference _____
Health Insurance Provider _____ ID # _____
This child has a pertinent medical history of _____

I Parent Legal Guardian (check one),
_____ (Printed Name)
Of _____ (Address)
_____ (City, State, Zip Code) hereby authorize Bethel Daycare
Ministry to take the above named child on walking trips, fieldtrips, excursions, for emergency evacuation,
and/or to an emergency facility involving the Bethel Bus, private vehicle, or public transportation under the
supervision of personnel of the Daycare.

Parent/Guardian Signature

Date

Further, in case of need for emergency medical treatment, I authorize the physician, medical staff, or dentist,
selected by the adult in charge from Bethel Daycare Ministry, to administer necessary emergency medical
treatment to the above named child while being cared for by Bethel Daycare Ministry. Should medical
treatment be given, the Parent/Guardian's insurance would be the primary insurance for medical treatment.
Bethel Daycare Ministry is not responsible for any illness or accidental injury that the above named child
received while in attendance with Bethel Daycare Ministry on or away from the Daycare.

Parent/Guardian Signature

Date