



*Little Lambs of God Lutheran Preschool*

6232 N. Jones Blvd., Las Vegas, NV 89130

Phone: 645-5229 Fax: 645-6031

Email: logschool@lambschool.org

**Medical Treatment Consent**

**Child's Name** \_\_\_\_\_

I authorize Lamb of God Lutheran Preschool personnel to administer first aid and when needed, to call a physician for medical or surgical care should an emergency arise. It is understood that a conscientious effort will be made to notify me or the persons indicated on the Emergency Information Card before such action is taken and that the expense of this service will be accepted by me.

I further agree that Lamb of God Lutheran Preschool, any staff member, volunteer, or Lamb of God Lutheran Church personnel will not be held liable for any injury my child may endure. I am aware, however, that Lamb of God Lutheran Preschool does maintain student accident insurance for all students in attendance.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date