



Medical Release/Curbside Pick-Up Form

Children's Creative Playday
601 S. Greenville Avenue
Allen, TX 75002
972-396-7575

I, _____, the parent or guardian of _____:
(Please Print Name) (Please Print Name)

1. Medical Release:

I authorize, in the event of a medical or dental emergency, the First United Methodist Church of Allen, Texas and its agents to obtain emergency medical treatment for my child, including transportation. I understand that I will be notified immediately; however, if surgical or medical treatment is necessary and I cannot be reached, I consent to the action of the attending physician or dentist at the hospital. I hereby release said church and its agents from liability for action taken pursuant of this release.

2. Curbside Pick-Up:

I understand that it is my responsibility, not Playday's staff, to put my child and any child I have permission to take from Playday in my own car. I am responsible for placing and securing child(ren) in their car seat(s).

Parent or Guardian Signature

Date