

# Christian Learning Center

At First Baptist Church

1717 4<sup>th</sup> Ave.  
PO Box 1264  
Canyon, TX 79015  
(806)655-3246  
Operation No. 506504

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Child's Name: (Last) \_\_\_\_\_ (First) \_\_\_\_\_ (MI) \_\_\_\_\_

## Authorization to Obtain Emergency Medical Care

CLC must have authorization to obtain emergency medical care and to transport the child for emergency medical treatment. In the event that I cannot be reached to make arrangements for emergency medical care, I authorize the Christian Learning Center to take my child to:

Name of Physician	Address	Phone Number
Name of Emergency Medical Care Facility	Address	Phone Number
I give consent for the facility to secure any and all Necessary emergency medical care for my child.		
_____ Signature-Parent or Legal Guardian		_____ Date

## Permission for Transportation

I give my consent for my child to be transported by the operation's employees:

- On field trips
- Ride in the CLC Van/Bus from his/her elementary school in CISD to CLC (Fall/Spring Semester-School Age children)
  - Crestview (677-2780)
  - Reeves Hinger (677-2870)
  - Spring Canyon (510-2030)

\_\_\_\_\_  
Signature-Parent or Legal Guardian

\_\_\_\_\_  
Date