Christian Learning Center
At First Baptist Church

1717 4th Ave.
PO Box 1264
Canyon, TX 79015
(806)655-3246
Operation No. 506504
Director: Shannon Lenerose
clc@christianlearningcenter-canyon.com

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
- ☐ Swimming at WTAMU or public pool(Summer Semester-School Age children)
- ☐ 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)

_____ _____
Signature-Parent or Legal Guardian Date