

**Creation Station
First Baptist Church
Child Development Center
282 Wall Street, Barnwell, SC 29812**

Emergency Medical Plan Acknowledgement

I, _____, whose child _____ is enrolled in the _____ school year of Creation Station, have read and received a copy of the ***EMERGENCY MEDICAL PLAN*** and give permission for medical treatment in case of an emergency.

(Parent Signature)

Date

* place in child's file