

EMERGENCY MEDICAL AUTHORIZATION

SHOULD _____ SUFFER AN INJURY OR
CHILD'S NAME DATE OF BIRTH

OR ILLNESS WHILE IN THE CARE OF _____ AND THE FACILITY

IS UNABLE TO ME (US) IMMEDIATELY, IT SHALL BE AUTHORIZED TO SECURE SUCH

MEDICAL ATTENTION AND CARE FOR THE CHILD AS MAY BE NECESSARY. I (WE) AGREE

TO KEEP THE FACILITY INFORMED OF CHANGES IN TELEPHONE NUMBERS, ETC. WHERE I

CAN BE REACHED:

CHILD'S PRIMARY SOURCE OF HEALTH CARE IS:

PHYSICIAN/CLINIC NAME

TELEPHONE NUMBER

KNOW MEDICAL CONDITIONS (I.E.) DIABETIC, ASTHMATIC, DRUG ALLERGIES:

SIGNATURE PARENT/GUARDIAN

DATE

TELEPHONE NUMBER

VEHICLE EMERGENCY MEDICAL INFORMATION

CHILD'S NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ HOME TELEPHONE NUMBER _____

FATHER'S NAME _____

HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____

MOTHER'S NAME _____

HOME TELEPHONE NUMBER _____ WORK TELEPHONE NUMBER _____

PERSON TO NOTIFY IN AN EMERGENCY AND PARENTS CANNOT BE REACHED:

NAME _____ PHONE _____

CHILD'S DOCTOR _____ PHONE _____

MEDICAL FACILITY THE CENTER USES _____

ADDRESS _____

CHILD'S ALLERGIES _____

CURRENT PRESCRIBED MEDICATION _____

CHILD'S SPECIAL MEDICAL NEEDS AND CONDITIONS:

IN EVENT OF AN EMERGENCY MEDICAL CARE. I FURTHER AGREE TO BE FULLY RESPONSIBLE FOR MEDICAL EXPENSES INCURRED DURING THE TREATMENT OF MY CHILD.

CHILD'S NAME _____

SIGNATURE (PARENT/GUARDIAN) _____

WITNESSED BY _____ DATE _____

TRANSPORTATION AGREEMENT

THIS IS TO CERTIFY THAT I GIVE _____
NAME OF FACILITY

PERMISSION TO TRANSPORT MY CHILD _____

FROM _____ AT _____ (A.M./P.M.)
PICK-UP LOCATION

TO _____ AT _____ (A.M./P.M.)
DELIVERY LOCATION

MY CHILD WILL BE TRANSPORTED FROM _____ AT _____ (A.M./P.M.)

TO _____ AT _____ (A.M./P.M.)

ON THE FOLLOWING DAYS:

_____ MONDAYS

_____ TUESDAYS

_____ WEDNESDAYS

_____ THURSDAYS

_____ FRIDAYS

_____ IS AUTHORIZED TO RECEIVE MY CHILD. IN THE
NAME OF AUTHORIZED PERSON

EVENT THE AUTHORIZED PERSON IS NOT PRESENT OR RECEIVES MY CHILD: THE
FOLLOWING PROCEDURES ARE TO BE FOLLOWED:

THE _____ IS APPROXIMATELY _____ MILES FROM THE CENTER.

IN THE EVENT THAT MY CHILD IS NOT TO BE TRANSPORTED AS OUTLINED ABOVE, I AGREE TO NOTIFY THE
_____ FACILITY

SIGNATURE _____ DATE _____
(PARENT/GUARDIAN)

CHILD'S MEDICAL INFORMATION