

Emergency Authorization Form

Child's Name _____

Birth date _____

Parent Name _____

Parent name _____

Cell phone _____

Cell phone _____

Employed At _____

Employed At _____

Bus. Phone _____

Bus. Phone _____

Home phone _____

Names of **local** friends or relatives to call, if you cannot be reached:

1. _____ Phone _____ or _____

2. _____ Phone _____ or _____

Physician to be called in an emergency:

_____ Phone _____ or _____

Dentist to be called in an emergency

_____ Phone _____ or _____

Medical Conditions _____

Allergies _____ Preferred Hospital _____

Regular medications taken _____

I hereby grant permission for the director or supervisors staff person to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include, but are not limited to, the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following: (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of a staff member.
5. Any expenses under 4, above, will be borne by the child's family.

Date _____ Signature _____

(Parent or legal guardian)

