

Authorization for Emergency Medical Care 2018-2019

Child's Name: _____

I HEREBY DO DO NOT

GRANT PERMISSION FOR THE DIRECTOR OR ACTING DIRECTOR TO TAKE THE FOLLOWING STEPS TO OBTAIN EMERGENCY MEDICAL CARE IF WARRANTED:

THESE STEPS MAY INCLUDE, BUT ARE NOT LIMITED TO, THE FOLLOWING:

1. Attempt to contact parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to reach names on the emergency contact list provided on enrollment form.
4. If the Stonebriar Preschool Pals staff cannot contact the parent/guardian or the child's physician, the staff will call an ambulance.
5. Any expenses incurred under #4 (above) will be the responsibility of the child's family.
6. The Stonebriar Preschool Pals staff will not assume responsibility for a child who is not enrolled in the Preschool Pals program.

Mother or Legal Guardian Signature

Date

Father or Legal Guardian Signature

Date

Emergency Contact Information

Name of Physician	Phone Number
Address	

Name of Hospital	Phone Number
Address	