

Mountain Valley Child Development Center

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

Child's Name: _____ Date: _____

In the event that I cannot be reached to make arrangements for emergency medical attention, I authorize the facility director or person in charge to take my child to:

Name of Physician

Address:

Phone No.

Name of Hospital:

Address:

Phone No.

I give consent for this facility to secure any and all necessary emergency medical care for my child.

Signature of Parent or Legal Guardian

State of Texas

County: _____

This instrument was acknowledged before me on the _____ day of _____, _____

My Commission expires:

Place Picture of Child Here

Notary Public State of Texas