

Child's Emergency Medical Authorization

Name of Child :	Birth Date :
Name of Parent(s) or guardian :	
Home Address :	Telephone #:
Place of Mother's Employment :	Telephone #:
Address :	Mobile #:
Place of Father's Employment :	Telephone #:
Address :	Mobile #:

The Parent(s)/Guardian Authorizes :	(Name of Day Care Center Operator)
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To obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement cover only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1) I/we will be responsible for payment of medical care expenses _____

2) Medical treatment costs are covered by:

a) Private Insurance (name & policy No.) _____

b) Medical Coverage No. _____

c) Other medical insurance :

Name of Insurance Company:	Policy No.
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d) No Insurance

Child's Physician or Clinic attended :

Attached is a copy of the agreement with :

Child's parent(s) or guardian and the day care center operator Yes No

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Signature (Parent(s)/Guardian)

Date

This form is to be kept by the day care operator and is to be taken to the doctor or treatment facility in case of emergency.