

DAY CARE CENTER

PARENT AUTHORIZATION FOR EMERGENCY TREATMENT

In consideration of admittance, I hereby authorize

_____ **Name of Day Care Center**

to arrange for medical examination and/or treatment of my child,

_____ **Name of Child**

should an emergency arise at the day care center or on a field trip. It is understood that a conscientious effort will be made by the day care center to contact me at the emergency numbers I have provided below before any medical action is taken.

I would prefer to have my child taken to the following hospital if the need arises:

_____. I understand that

Hospital
choice of hospital may be limited by service of local rescue squad.

Signature-Mother/Guardian **Home Phone** **Business Phone**

Signature-Father/Guardian **Home Phone** **Business Phone**

Health Insurance Plan _____
Policy Number _____

Relatives or other persons to be contacted in an emergency:

Name _____ **Name** _____

Address _____ **Address** _____

Phone _____ **Phone** _____

Relationship to Child _____ **Relationship to Child** _____

Date