PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

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| --- | --- | --- |
| Name Of Child: | Birthdate: | Enrollment Date: |
|  |
| PARENT/GUARDIAN INFORMATION |  | PARENT/GUARDIAN # 1 |  |  |  | PARENT/GUARDIAN # 2 |
| Name: |  | Name: |  |
| Relationship: |  | Relationship: |  |
| Cell Phone: |  | Cell Phone: |  |
| Home Phone: |  | Home Phone: |  |
| Home Address: |  | Home Address : |  |
| Employer Name: |  | Employer Name: |  |
| Employer Phone: |  | Employer Phone: |  |
| E-Mail Address: |  | E-Mail Address: |  |
|  |
| EMERGENCY CONTACTS | Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child. |
| Contact Name #1: |  | Contact Name #2: |  | Contact Name #3: |  |
| Relationship: |  | Relationship: |  | Relationship: |  |
| Cell Phone: |  | Cell Phone: |  | Cell Phone: |  |
| Home Phone: |  | Home Phone: |  | Home Phone: |  |
| Employer Phone: |  | Employer Phone: |  | Employer Phone: |  |
|  |
| CUSTODY | Name of person PROHIBITED from picking up your child: |  |
| If a non-custodial parent has been denied access, or granted limited access, to the child by a court order, please submit documentation to this effect for the center to maintain a copy on file, and to comply with the terms of the court order. |
|  |
| MEDICAL INFORMATION | Child’s Health Care Provider: |  |
| Health Care Provider Phone: |  |
| Health Care Provider Address: |  |
| Name Of Insurance Company/Hmo: |  |
| Group #: |  |
| Identification #: |  |
| Subscriber’s Name On Insurance Card: |  |
| Known Allergies (including medication): |  |
| Medication My Child Is Taking: |  |
| List Special Conditions, Disabilities, Medical/Physical Restrictions, Medical Information For Emergency Situations: |  |
|  |
| AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT |
| As the parent(s)/ legal guardian(s) of the above named child, I (we) attest that the information above is correct. I (we) authorize the child care center staff to obtain emergency treatment for my child and understand that I (we) shall be promptly notified. |

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| Parent/Guardian Signature #1: | Date: | Parent/Guardian Signature #2: | Date: |

OOL/11.6.2017

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