

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

Permission for medical care in parental absence

Child's Full Name _____ Birth Date _____

Name child answers to: _____

I, _____, parent or guardian of the child named above, give my permission to **Josiah's Playground**, to secure and authorize such emergency medical care and treatment as my child might require while under the daycare's supervision. I also authorize **Josiah's Playground** to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Name of Parent or Legal Guardian: _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Name of Parent or Legal Guardian: _____

Address: _____ Home Phone: _____

Work Phone: _____ Cell Phone: _____

Doctor: _____ Phone: _____

Address: _____

Dentist: _____ Phone: _____

Address: _____

Preferred Hospital to Contact: _____

Address: _____ Phone: _____

Person(s) to be contacted in emergency **if parents / guardians are unavailable:**

Name	Home Phone	Work Phone	Cell Phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____ Religious Preference: _____

Insurance: _____

Signature of Parent/Guardian

Date Signed

Signature of Parent/Guardian

Date Signed