

ATC Emergency Medical/Transportation Authorization

Complete the following:

Child's Name	Mother's Name	Father's Name
Street Address	Home Address (if different than child's)	Home Address (if different than child's)
City, State & Zip Code	City, State & Zip Code	Phone No.
Phone No.	Employer's Name	Employer's Name
If not at home or work, give other phone no. where parents can be reached, if different from above. Mother _____ Father _____	Employer's Street Address	Employer's Street Address
	City, State, & Zip Code	City, State, & Zip Code
	Phone No.	Phone No.
	_____	_____

Emergency Contacts: Parents **cannot be listed** as emergency contacts. List the name of **TWO** people who can be contacted in the event of an emergency or illness **if you cannot be reached**. Any person listed should be able to assist in contacting you and must be within one hour of the school/home and able to take responsibility for the child in case you cannot be contacted.

Name	Name
Phone No.	Relationship to child
Other numbers where emergency contact can be reached (if applicable)	Other numbers where emergency contact can be reached (if applicable)
Name of Physician or Clinic/Hospital	
Street Address:	City: State: Phone No:
Dentist Name:	Phone No:

Emergency Transportation Authorization

Give <i>Permission</i> to Transport	OR DO NOT SIGN BOTH	<i>Do Not Give Permission</i> to Transport
Center or School: ATC		Center or School: ATC
Has permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. The emergency transportation service will determine the facility to which my child will be transported.		Does not have permission to secure emergency transportation for my child in the event of an illness or injury which requires emergency treatment. I wish for the following action to be taken:
Parent's Signature		Date
		Date