

EMERGENCY CARE AUTHORIZATION

In the event of my absence during an emergency, I, _____,
hereby authorize _____ to seek all necessary medical
attention and sign for medical treatment for my child, _____.

Parent Signature: _____

Date: _____

Contact Numbers: _____

Notary: _____

Address: _____

Insurer: _____ Policy Number: _____

Phone Number: _____

EMERGENCY CARE INFORMATION

Child's full name: _____

Date of Birth: _____

Child is allergic to the following medications:

Child is taking the following medications:

Child is diabetic, has other chronic condition or major illness:

Name of Primary Care Physician: _____

Phone Number: _____

*Copy of Insurance Card Attached