

Child's Emergency Medical Authorization

Child's Name _____ Birthdate _____

Mother's Name _____

Mother's phone # _____

Mother's Employment _____ work # _____

Work Address _____ Last 4 SSN _____

Father's Name _____

Father's Phone # _____

Father's Employment _____ work # _____

Work Address _____ Last 4 SSN _____

Home Address _____

I, the parent/guardian of _____,
(child's full name)

authorize the His Kids Parents' Day Out preschool at Morrison Hill Christian Church to obtain immediate medical care for my child in the event that I cannot be reached. I also agree to the hospitalization of my child if necessary, the use of diagnostic tests upon arrival at the hospital and the use of surgery and/or the administration of drugs to my child if I cannot immediately be located. I understand that this agreement covers only those situations that are true emergencies and is only applicable if I cannot be reached.

Please circle #1 or #2 Below

1. My child has no insurance, so I/we will be responsible for the payment of medical expenses.

2. Medical treatment costs are covered by:

Insurance Company Name _____

Policy Holders Name _____

ID# _____

Child's Physician _____ Phone _____

Please list any allergies _____

Signature of Parent/Guardian _____

(date)