

Emergency Authorization Sheet

This form must be updated annually and whenever information changes.

Child's full name: _____

I, _____ (full name) give permission for Elm Tree and all its employees and agents to obtain emergency medical treatment for my child if necessary. These steps may include but are not limited to the following:

1. Attempt to reach parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact persons listed as emergency contacts.
4. In the event #1 - #3 are unsuccessful or if the situation warrants:
 - A. Call another physician.
 - B. Call 911
 - C. Have the child taken to the emergency room accompanied by a staff member.

My insurance provider is _____

My child's ID # is _____
if applicable: Group # _____ Health plan# _____

I understand that any expenses incurred in #2 and #4 above will be borne by the child's family.

Parent's signature _____ Date _____

List at least two Emergency Contacts who can be contacted in case you cannot be reached to pick up your child in case of an emergency.

1. Name _____ Phone _____
Address _____

2. Name _____ Phone _____
Address _____

List any one else who may pick up your child from the center:

Name _____ Phone _____

Address _____

Name _____ Phone _____

Address _____

Children will not be released to a person who has not been authorized to do so in writing from the parent. If an un-authorized person attempts to pick up the child, a parent will be called, and the ID of the person will be verified. If the parent informs us that a person is not authorized to pick up the child yet is attempting to do so, the proper authorities will be called and the child will be held at the center until a parent or authorized person picks up the child.

Child's Doctor

Name _____ Phone _____

Address _____

Child's Dentist

Name _____ Phone _____

Address _____

Preferred choice for hospital/emergency care

Name _____ Phone _____

Address _____

Known anaphylaxis/allergies: _____

Medications: _____

Other medical information: _____
