

Persons to contact in the case of emergency when parent or guardian cannot be reached:

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name \_\_\_\_\_ Telephone Number \_\_\_\_\_

Name of Public or Private School child attends, if any: \_\_\_\_\_

Child's doctor or clinic name \_\_\_\_\_

Doctor/clinic phone # \_\_\_\_\_

My child has the following special needs \_\_\_\_\_

The following special accommodation(s) may be required to most effectively meet my child's needs while at the center: \_\_\_\_\_

My child is currently on medication(s) prescribed for long-term continuous use and/or has the following pre-existing illness, allergies, or health concerns: \_\_\_\_\_

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## EMERGENCY MEDICAL AUTHORIZATION

Should (child's name) \_\_\_\_\_ Date of birth \_\_\_\_\_  
suffer an injury or illness while in the care of (Facility name) \_\_\_\_\_  
and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention  
and care for the child as may be necessary. I (We) shall assume responsibility for payment for services.

**Parent/Guardian:** \_\_\_\_\_

Signature

**Date:** \_\_\_\_\_

**Facility Administrator/Person-In-Charge** \_\_\_\_\_

Signature

**Date:** \_\_\_\_\_