

**Emergency Authorization Form**

Child's Name (First, Middle, Last) \_\_\_\_\_ Birth date \_\_\_\_\_

Child's Mother/Guardian \_\_\_\_\_ Daytime phone \_\_\_\_\_

Child's Father/Guardian \_\_\_\_\_ Daytime phone \_\_\_\_\_

Emergency Contacts (Name, Relationship, Phone, Address) \_\_\_\_\_

1) \_\_\_\_\_

2) \_\_\_\_\_

MEDICAL \_\_\_\_\_

DENTAL \_\_\_\_\_

PREFERRED HOSPITAL \_\_\_\_\_

MEDICAL INSURANCE COMPANY \_\_\_\_\_

Last DPT: \_\_\_\_\_

Weight: \_\_\_\_\_

Allergies or other significant medical information including medications (Write on back if necessary): \_\_\_\_\_

I give permission to Bilingual Child Care & Education Center to make whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of their Center. In case of medical emergency, I understand that my child will be transported to appropriate medical facility by the local emergency unit for treatment if the local emergency resource (Police, Rescue Squad) deems it necessary. I understand that in some medical situations it may be necessary to contact the emergency resource before the parent.

Parent Signature: \_\_\_\_\_ Date signed: \_\_\_\_\_