

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: _____
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