



Shaping Up Our Future Child Development Academy Child Emergency Medical Authorization Form

Name of Child _____ Date of Birth _____

Name of Parent(s) or Guardian _____

Home Address _____ Phone _____

Place of Mother's Employment _____ Phone _____

Address _____ Cell _____

Place of Father's Employment _____ Phone _____

Address _____ Cell _____

The Parent(s)/Guardian of _____ authorizes _____
(child's name) (name of child development center)

to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if and emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. _____
2. Medical treatment costs are covered by:
 - a. Private insurance (name and policy no.) _____
 - b. Medicaid Coverage No. _____
 - c. Other medical insurance:
Name of Insurance Company _____
Policy No. _____
 - d. No insurance _____

Child's physician or clinic attended _____

Attached is a copy of the agreement with:

Child's parent(s) or guardian and the child development center. Yes _____ No _____

Parent(s)/Guardian Signature

Date

This form is to be kept by the child development center and is to be taken to the doctor or treatment facility in case of emergency.