



Emergency Medical Treatment Authorization Form

Child's Full name: _____ Birthdate: _____
Name child answers to: _____

I, _____ as the parent or guardian of the above named child, give my permission to the senior staff employee of Little Panther Daycare Center & Preschool to secure and authorize such emergency medical care and treatment as my child might require while under the Center's employee supervision. I also authorize the Center's employee to administer emergency care or treatment, until emergency medical assistance arrives. I also agree to pay for all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency. In the event of an emergency, it would be necessary to have the following information:

Mother or Maternal Legal Guardian Information

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Father or Paternal Legal Guardian Information

Name: _____
Address: _____
Home Phone: _____ Work Phone: _____
Cell Phone: _____

Doctor Information

Name: _____ Phone Number: _____
Office/ Clinic Address: _____

Hospital Information

Name of preferred Hospital: _____
Address: _____
Phone: _____

Medication Information

Present medication (s): _____
Know Allergies: _____
Date of last Tetanus: _____ Religion Preference: _____
Insurance: _____ Policy #: _____

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____