



601 Panther Dr. | Panora, Iowa 50216 | 641-755-3003 | littlepantherdaycare.com

little panther
DAYCARE & PRESCHOOL

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/Cell Phone: _____ Work Phone: _____

Father or Paternal Legal Guardian Information

Name: _____

Address: _____

Home/Cell Phone: _____ Work 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: _____

Insurance: _____ Policy #: _____

Mother Signature: _____ Date: _____

Father Signature: _____ Date: _____