



601 Panther Dr. | Panora, Iowa 50216 | 641-755-3003 | [littlepantherdaycare.com](http://littlepantherdaycare.com)

**little panther**  
DAYCARE & PRESCHOOL

## Emergency Dental Treatment Authorization Form

Child's Full Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Name child answers to: \_\_\_\_\_

I, \_\_\_\_\_, as the parent or legal guardian of the above-named child, give my permission to the senior staff employee of Little Panther Daycare & Preschool to secure and authorize such emergency dental 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 of Maternal Legal Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Home/Cell Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_

### Father or Paternal Legal Guardian Information

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

### Dentist Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

### Clinic Preference

First Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Second Choice: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Mother Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Father Signature: \_\_\_\_\_ Date: \_\_\_\_\_