AUTHORIZATION FOR EMERGENCY TREATMENT

I, __________________________ give permission for the Administrator, Director, acting Director, or teacher to take whatever steps necessary for medical care in case of any medical emergency. It is my understanding that the order of actions taken will be the following (unless there is need for immediate action, in which case 911 will be called first):

1. Parent or guardian will be called.
2. Child’s physician will be called.
3. Call emergency contact persons, listed on the registration form.
4. If none of these efforts are successful:
   a. Another physician will be called.
   b. An ambulance will be called
   c. The child will be taken to the emergency room of Fairfax Hospital. Your child will be accompanied by a staff member.

In the event that an emergency does arise, and I __________________________ (parent or guardian) cannot be reached. I authorize Baby, Toddler, and Preschool Land to obtain immediate medical care. I understand that I, _________________, will be responsible for the cost of any emergency medical care. My insurance company is __________________________ and our policy number is _________________. My child’s physician is ______________________, and his/her number is _________________.

Signature of Parent(s) __________________________ Date __________
____________________________________ Date __________

Signature of Administrator or Director __________________________
Date ________________