

Child's Emergency Medical Authorization

September 2017-2018 school year

Name of Child _____ Date of Birth _____

Parent or Guardian _____

Home address _____

Home phone _____

Place of Mother's employment _____ phone _____

Cell phone _____

Place of Father's employment _____ phone _____

Cell phone _____

The parent(s) guardian authorize Winfree Memorial Preschool to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an 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.

- I/ we will be responsible for payment of medical care expenses.
- Medical treatment costs are covered by:
- Medical Insurance Company _____
- Policy number _____
- Medicaid coverage number _____
- No Insurance _____
- Child's Physician _____
- Physician address _____
- Physician phone _____
- Parent printed name _____
- Parent signature _____
- Date _____