

Person to contact in the case of emergency when parent or guardian cannot be reached:	
Name:	Telephone Number:
Name:	Telephone Number:
Name:	Telephone Number:
Child's Doctor:	
Doctor's Phone Number:	
Doctor's Clinic Name:	
My Child has the following special Needs:	
The following special accommodation(s) may be required to most effectively meet my child's needs while at the center:	
My child is currently on medication(s) prescribed for long-term continuous use and/or has the following preexisting illness, allergies, or health concerns:	
EMERGENCY MEDICAL AUTHORIZATION	
Should (child's name) _____ Date of birth _____ suffer an injury or illness while in the care of Sunlight Bilingual Preschool and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (We) shall assume responsibility for payment for services	
Parent Guardian:	
	Signature
Date:	
Facility Administrator:	

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