



# PERMISSION FOR EMERGENCY CARE

**MASAI'S PLAYHOUSE LLC.**

24/7 Childcare, Infant Care and Preschool

In the event that my child, listed below, may require emergency medical care when I am unable to be reached, I hereby authorize evaluation, treatment and anesthetics, as deemed necessary by the hospital and attending physician providing medical care for the following child.

CHILD'S NAME AND DOB:

ALLERGIES:

PRESENT MEDICATIONS:

MEDICAL HISTORY:

SURGICAL HISTORY:

OTHER PERTINENT INFO:

FAMILY PHYSICIAN  
NAME AND PHONE  
NUMBER:

INSURANCE PROVIDER:

POLICY #

**PERSON(S) ABLE TO PROVIDE AUTHORIZING SIGNATURE WHEN PARENT(S) ARE UNABLE TO BE REACHED:**

NAME AND DOB:

ADDRESS:

HOME PHONE:

CELL PHONE:

RELATIONSHIP TO CHILD



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**MASAI'S PLAYHOUSE LLC.**

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This form is provided for parents convenience in their absence. In the event that my child \_\_\_\_\_ (Child's Name) requires emergency medical care I authorize Masai's Playhouse LLC. to seek appropriate medical care for my child. Authorization is valid beginning \_\_\_\_\_ and ending \_\_\_\_\_

Authorizations must be renewed after one year from the date of the document below:

DATE OF PERMISSION:

PARENT ADDRESS:

HOME PHONE:

WORK PHONE:

MOM'S CELL:

DAD'S CELL:

I, \_\_\_\_\_ (Parent/Guardian's Name), have read and understood the terms and conditions of this permission for emergency care form.

PARENT/GUARDIAN SIGNATURE