

EMERGENCY FORM – MUST BE NOTARIZED

Child's Name _____

If the child requires medical care, the following procedures will be followed: You will be called immediately. If I cannot reach you, the child's family doctor will be called at:

Name _____

Address _____

Phone # _____

If the doctor is not available, the child will be taken to the nearest hospital emergency room for treatment.

Nearest Hospital _____

Health Insurance Carrier _____

Insured's Name _____

Policy Number _____

Emergency Release Form

I hereby give my consent to _____ to authorize
(Home Care Provider)

Medical, surgical, and/or dental treatment including hospitalization for my child

_____ should it be necessary while my child is in their care.
(Name of Child)

PARENT SIGNATURE _____ DATE _____

WITNESS (NOTARY) _____ DATE _____
(Stamp)