

**Authorization for Emergency Medical Care
Authorization Required Annually**

I/We, hereby grant Creative Avenues Learning Center permission to take whatever action in its judgment may be necessary in supplying emergency medical services to We understand that, consistent with the circumstances of the situation and available time, the Center will attempt to contact and follow the instructions of the parent or guardian, physician, or other person(s) designated by us in Emergency Contacts. In the event the Center is unable to contact the parent or guardian, physician, or other person(s), we hereby grant permission to the Center to contact and comply with the advice of an available physician, emergency services personnel, or emergency room personnel. We hereby agree that we will be solely responsible for and will promptly pay any expenses which may be incurred by the Center in making emergency medical treatment available to the above named child.

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Parent/Guardian Signature Date

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Parent/Guardian Signature Date