**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

If I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ can not be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury I give my permission for:

Kiddie Corner Daycare Personnel

To obtain whatever treatment may be deemed necessary for:

Name of the child Date of Birth

Name of the Preferred Hospital: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Parental Consent**

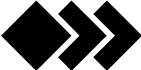
When there is a medical emergency, or when your child needs immediate medical treatment, Kiddie Corner Daycare trained personnel will take all reasonable steps to see that the child will receive adequate medical care. When appropriate, Kiddie Corner Daycare will call 911 and the parents will be notified as well.

If the parents can not be reached, Kiddie Corner Daycare personnel will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name Relationship to Child Phone

Name Relationship to Child Phone

Parent Signature Date

KIDDIE CORNER DAYCARE 

3786 VOLTAIRE Avenue MEMPHIS, TN 38128 901.512.4559