

# Emergency Authorization Form

<b>Child's Name</b>		
Date of Birth		
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian		
<b>Mother or Guardian</b>	<b>Father or Guardian</b>	
Home Phone	Home Phone	
Work Phone	Work Phone	
Cell Phone	Cell Phone	
E-mail Address	E-mail Address	
<b>Names of friends or relatives to call if you cannot be reached</b>		
Name	Relation to child	Phone No.
Name	Relation to child	Phone No.
<b>Doctor to be called in an emergency</b>		Phone No.
Insurance Company	Insurance Policy Number	
<b>Dentist to be called in an emergency</b>		Phone No.
Insurance Company	Insurance Policy Number	
<b>Preferred Hospital</b>		
<b>Date of last DPT shot</b>		
<b>Food or medication allergies</b>		
<b>Current medications</b>		
<b>Special health conditions</b>		

I hereby grant permission for \_\_\_\_\_ or her/his staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - (a) Call another physician or paramedics, (b) call an ambulance, (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child's family.

Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_