

# Emergency Authorization Form

Child's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ Child's Social Security #: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Father's Name: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Cell Network: \_\_\_\_\_ Cell Network: \_\_\_\_\_

Employer: \_\_\_\_\_ Employer: \_\_\_\_\_

Bus. Phone: \_\_\_\_\_ Bus. Phone: \_\_\_\_\_

Names of emergency contacts to call, if you cannot be reached

1. \_\_\_\_\_ Phone: \_\_\_\_\_ or \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

2. \_\_\_\_\_ Phone: \_\_\_\_\_ or \_\_\_\_\_

Address: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Physician to be called in an emergency:**

Physician \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

**Dentist to be called in an emergency:**

Dentist \_\_\_\_\_ Phone: \_\_\_\_\_

Facility: \_\_\_\_\_

Address: \_\_\_\_\_

I hereby grant permission for the director or supervisors staff person to take whatever steps may be necessary to obtain emergency medical care if warranted and act in an emergency situation. 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 through any of the persons listed on the emergency information form you completed above.
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 your child taken to an emergency hospital in the company of a staff member.
5. Any expenses under #4, above, will be borne by the child's family.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_  
*(parent or legal guardian)*