



3015 North Macgregor Way  
Houston, Texas 77004  
Phone : (832) 217 - 3300  
Fax : (832) 217 - 3303

### Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Barbara Jordan International Preschool and its staff to take my child:

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

To:

Name of Doctor \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

or to:

Name of Hospital \_\_\_\_\_ Phone Number \_\_\_\_\_  
Address \_\_\_\_\_

Please list any known allergies or illness that would conflict with emergency care or treatment:

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\_\_\_\_\_ If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I **DO** give permission for Barbara Jordan International Preschool and its staff to take my child.

\_\_\_\_\_ If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I **DO NOT** give permission for Barbara Jordan International Preschool and its staff to take my child.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_