



Resilient Environment Department
 Consumer Protection Division
CHILD CARE LICENSING AND ENFORCEMENT
 One North University Drive, Suite A203,
 Plantation Florida 33324
 954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital

to administer necessary treatment to my child, _____
Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of Physician: _____ **Phone:** _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ **Expiration Date:** _____

 Signature of Parent or Legal Guardian

 Date

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____
Name of Person Acknowledged

My Commission Expires:

 Signature of Notary Public, State of Florida

 Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: _____
 #: _____