

SU00722

**EMERGENCY MEDICAL AUTHORIZATION**

I/We, acknowledge that **The Vine Early Learning, Inc.** will not assume any responsibility or liability for personal injury or damages caused by the injury for my child, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ . In the event that The Vine Early Learning is unable to reach a parent/guardian, or any emergency contacts listed in my/our child’s file, I hereby give my consent for my child to be transported to the nearest hospital for treatment in case of an accident or emergency. I hereby further authorize any of the staff employed to provide for, approve, and authorize health care on behalf of my absence for my/our child at the hospital. I/We shall assume all responsibility for the payment of services provided.

**By initialing below:**

\_\_\_\_\_\_\_ I/We give full consent to The Vine Early Learning, Inc. to transport my/our child in the event of a medical emergency or accident.

\_\_\_\_\_\_\_ I/We refuse any medical treatment for my child without my direct consent to transport. I/We understand and acknowledge that in declining immediate transportation of my/our child, my/our child’s outcome of any injury obtained may be altered.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature