

Form H—Emergency medical treatment authorization

Child's full name: _____ Date of birth: _____

Name child is called: _____

I, _____ parent or guardian of the child named above give my permission to _____, child care home provider, to secure and authorize such emergency medical care and treatment as my child might require while under the provider's supervision. I also authorize the provider to administer emergency care or treatment as required, until emergency medical assistance arrives. I also agree to pay all the costs and fees contingent on any emergency medical care and treatment for my child as secured or authorized under this consent.

NOTE: Every effort will be made to notify parents immediately in case of emergency.

In the event of an emergency, it would be necessary to have the following information.

Name of Parent or Legal Guardian: _____

Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

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Address: _____

Home phone: _____ Work phone: _____ Cell phone: _____

Doctor: _____

Doctor's address: _____

Doctor's phone: _____

Preferred hospital to contact: _____

Address: _____ Phone: _____

Person(s) to be contacted in emergency if the parents are unavailable:

Name	Home phone	Work phone	Cell phone	Relationship
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Present medication(s): _____

Known allergies: _____

Date of last tetanus: _____ Religious preference: _____

Insurance provider: _____

Insurance number: _____

Parent/Guardian signature _____ **date** _____

Parent/Guardian signature _____ **date** _____