



Authorization for Emergency Medical Care

In order to meet legal requirements, I hereby authorize the Director, or any staff member of Punkin Patch Daycare Center to give consent for any and all necessary emergency medical care/transportation for my child, _____ while he/she is in the custody of Punkin Patch Daycare Center. I will be responsible for all emergency care fees. All bills are to be sent directly to the parent or guardian at the address below.

Name of Parent/Guardian: _____

Address of Parent/Guardian: _____

This information is required before your child may attend the center.

Physician: _____ Phone: _____

Address: _____

Hospital: _____ Phone: _____

Address: _____

Emergency Phone Numbers

Mother's Name: _____ Home: _____ Work: _____

Father's Name: _____ Home: _____ Work: _____

Other Person's _____ Home: _____ Work: _____

Include any information about the following:

Allergy or allergic reactions: _____

Existing illness: _____

Any disabilities: _____

Previous illness or injuries: _____

Hospitalization during the past 12 months: _____

Any medication prescribed for long term use: _____

Signature Parent/Guardian: _____ Date: _____