



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: _____

Child's Special Care Needs (Check all that apply)

☐ Environmental Allergies

☐ Food Intolerances

☐ Existing Illness

☐ Previous Serious Illness

☐ Injuries and Hospitalizations (past 12 Months)

☐ Other: _____

☐ Limitations or restrictions on child's activities

☐ Reasonable accommodations or modifications

☐ Adaptive equipment (include instruction below)

☐ Symptoms or indications of complications

☐ Medications prescribed for continuous long-term use

Explain any needs selected above:

Does your child have diagnosed food allergies ___ Yes ___ No Food Allergy Emergency Plan Submitted Date: _____

Child day care operations are public accommodations under the Americans with Disabilities Act (ADA), Title III. To learn more, visit <https://www.ada.gov/resources/child-care-centers/>. If you believe that such an operation may be practicing discrimination in violation of Title III, you may call the ADA information line at (800) 514-0301(voice) or (800) 514-0383 (TTY).

Signature Parent/Guardian: _____

Date: _____