



## Emergency Care Authorization Form

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Name of Parent's /Guardian: \_\_\_\_\_

### **Emergency Escorts other than Parents:**

Authorized Escorts ( if other than parent) or persons who may be called in emergency:

Two contacts are required.

#1

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

#2

Name: \_\_\_\_\_ Relation \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

### **Provider Information**

Health Insurance Name: \_\_\_\_\_ Policy # \_\_\_\_\_

Member # \_\_\_\_\_ Phone # \_\_\_\_\_

Child's Physician: \_\_\_\_\_ Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

I authorize Kidz, Kidz, Kidz Preschool & Early Development Center to obtain immediate medical care and treatment of my child in the event of an emergency. I understand all efforts will be made to notify all emergency Escorts as well as Parents/Guardians. I also agree to allow Kidz, Kidz, Kidz Preschool to release any records that are needed for the treatment of my child. I also understand and agree that all bills pertaining to the emergency are my responsibility and will be covered.

I give Kidz, Kidz, Kidz, Preschool consent to transport my child or call an ambulance for my child in the event of an emergency .

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_