EMERGENCY CHILD CARE AND MEDICAL TREATMENT AUTHORIZATION

I. PARENT(S) / LEGAL GUARDIAN(S) INFORMATION

Parent/Legal Guardian 1: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Parent/Legal Guardian 2 (if applicable): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

II. CHILD(REN) INFORMATION

Child 1 Full Name: _____

Date of Birth: _____ day of _____, 20_____

Known Allergies/Medical Conditions/Medications:

_____

_____

_____

Primary Physician/Pediatrician: _____

Physician/Pediatrician Phone: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

Child 2 Full Name (if applicable): _____

Date of Birth: _____ day of _____, 20_____

Known Allergies/Medical Conditions/Medications:

_____

_____

_____

Primary Physician/Pediatrician: _____

Physician/Pediatrician Phone: _____

Health Insurance Company: _____

Health Insurance Policy Number: _____

III. AUTHORIZED CAREGIVER(S) INFORMATION

I/We hereby authorize the following individual(s) to make emergency child care decisions and authorize medical treatment for the child(ren) named above: Authorized Caregiver 1:

_____

Relationship to Child(ren): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

Authorized Caregiver 2 (if applicable): _____

Relationship to Child(ren): _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Email: _____

IV. SCOPE OF AUTHORITY

I/We, the undersigned Parent(s) / Legal Guardian(s) of the minor child(ren) named in Section II, do hereby grant full power and authority to the Authorized Caregiver(s) named in Section III to act in my/our stead in the event of an emergency, and to make any and all necessary decisions regarding the care, custody, and health of said child(ren). This authority includes, but is not limited to, the power to: 1. Make emergency child care decisions, including decisions regarding the child(ren)'s immediate safety, welfare, and supervision.

2. Authorize and consent to any X-ray examination, anesthetic, medical, surgical, or dental diagnosis or treatment, and hospital care which is deemed advisable by any licensed physician, surgeon, or dentist. This authorization includes the power to consent to the administration of anesthesia.

3. Consent to any and all necessary emergency services, including transportation by ambulance or other emergency vehicle, and admission to any hospital or medical facility.

This authorization is given in advance of any specific diagnosis, treatment, or hospital care being required, but is given to provide authority and power to the Authorized Caregiver(s) to give such consent when necessary to protect the health and well-being of the child(ren).

V. LIMITATIONS AND INSTRUCTIONS

Specific instructions or limitations regarding the child(ren)'s care or medical treatment:

_____

_____

_____

In the event of an emergency, the Authorized Caregiver(s) shall attempt to contact the Parent(s) / Legal Guardian(s) at the phone numbers provided in Section I. If contact cannot be made, the Authorized Caregiver(s) are authorized to proceed with necessary decisions as outlined in Section IV.

VI. EFFECTIVE DATE AND EXPIRATION DATE

This authorization shall be effective from the _____ day of _____, 20_____, and shall remain in full force and effect until the _____ day of _____, 20_____, unless sooner revoked in writing by the Parent(s) / Legal Guardian(s).

VII. RELEASE OF LIABILITY

I/We hereby release and discharge the Authorized Caregiver(s) from any and all claims, demands, actions, or causes of action arising out of or in connection with any decisions made or actions taken by the Authorized Caregiver(s) in good faith reliance upon this Authorization, including but not limited to, decisions regarding emergency child care and medical treatment.

VIII. SIGNATURES

PARENT / LEGAL GUARDIAN 1

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____

PARENT / LEGAL GUARDIAN 2 (if applicable)

Signature: _____

Print Name: _____

Date: _____ day of _____, 20_____

Address: _____