

# PARENT AUTORIZATION FOR EMERGENCY TREATMENT

In consideration of admittance, I \_\_\_\_\_ (Parent or Guardian) hereby authorize The Children's Village to arrange medical examination and/or treatment of my child \_\_\_\_\_ (Child' name), should an emergency arise at school or on a field trip. It is understood that a conscientious effort will be made by the school to contact me at emergency numbers I have provided below, before any medical action is taken. I would prefer to have my child, if the need arises, taken to \_\_\_\_\_ hospital.

|                      |            |                 |
|----------------------|------------|-----------------|
| _____                | _____      | _____           |
| Mother/Guardian Name | Home Phone | Work/Cell Phone |
| _____                | _____      | _____           |
| Father/Guardian Name | Home Phone | Work/Cell Phone |

Emergency/authorized persons to pick up if you cannot be contacted in an emergency or sick situation.

1. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_
2. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_
3. Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation \_\_\_\_\_

|                   |               |
|-------------------|---------------|
| _____             | _____         |
| Medical Insurance | Policy Number |

\_\_\_\_\_

Policy Holder's Name

Allergies to food or medication \_\_\_\_\_