

Risen Savior Early Learning Center

MEDICAL EMERGENCY AUTHORIZATION CARD

Child's Name \_\_\_\_\_ Birthday \_\_\_\_\_

Mother's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Friend of Relative to notify in case of emergency:

\_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Child's physician \_\_\_\_\_ Phone \_\_\_\_\_

Child's dentist \_\_\_\_\_ Phone \_\_\_\_\_

Preferred hospital \_\_\_\_\_

Special instructions if child is injured or ill \_\_\_\_\_

Medical Release: I authorize Risen Savior Early Learning Center to seek emergency medical treatment for my child, I give permission to the emergency physician to secure proper emergency treatment and to order injection, anesthesia or other emergency treatment if I (we) cannot be contacted. It is understood that a conscientious effort will be made to locate me or my spouse before action is taken, But if it is not possible to locate us, I accept the expense. In the event of life-threatening emergency, I understand that "911" will be called to take my child to my preferred hospital if possible, or to the closest available facility.

Parent/guardian's signature \_\_\_\_\_

Date \_\_\_\_\_