

Emergency Medical Care Authorization Form

Child's Name:

Date of Birth:

Please provide the Name, Address, and Phone Number of person to call in case of an emergency if parents/guardian cannot be reached:

Name:

Relationship:

Street Address:

City:

State:

Zip:

Phone Number:

Alternative Number:

In the event that I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Kid's Academy to take my child to:

Name of Doctor:

Phone Number:

Address of Doctor:

Preferred Hospital:

Phone Number:

Address of Hospital:

Insurance Company:

Phone Number:

Name of Policy Holder:

Policy #:

Group #

Any Known Drug Allergies:

Medical Conditions:

Parent Signature

Date

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