ABC

A B C PALACE

Absolute Best Care · Daycare Center & Nursery

Emergency Medical Authorization

Kept on file for the school year

Please complete this form fully so our team can act quickly and correctly in a medical emergency. Keep your contact information updated with the front office throughout the year.

CHILD INFORMATION

CHILD'S FULL NAME

DATE OF BIRTH

HOME ADDRESS

PARENT / GUARDIAN CONTACT

PARENT / GUARDIAN NAME

PHONE NUMBER

SECOND PARENT / GUARDIAN NAME

PHONE NUMBER

MEDICAL INFORMATION

PRIMARY PHYSICIAN

PHYSICIAN PHONE

KNOWN ALLERGIES

CURRENT MEDICATIONS

HEALTH INSURANCE PROVIDER

POLICY NUMBER

PREFERRED HOSPITAL OR CLINIC

Continued on next page.

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EMERGENCY CONTACTS (IF PARENT CANNOT BE REACHED)

NAME _____ RELATIONSHIP _____ PHONE _____

NAME _____ RELATIONSHIP _____ PHONE _____

AUTHORIZATION

If I cannot be reached in an emergency, I authorize A B C Palace Daycare Center & Nursery staff to seek emergency medical treatment for my child, including transport to the nearest hospital or clinic, and to consent to treatment on my behalf until I or another authorized contact listed above can be reached.

PARENT / GUARDIAN SIGNATURE _____ DATE _____

PRINTED NAME _____