

School of Early Learning

2023-2024 Emergency Information

Child's Name:	Parent/Guardian Name:
DOB:	Home #:
Address:	Cell#:
	Work #:
	Email:
Daily Medications & Dosage:	Parent/Guardian Name:
Allergies:	Home #:
Special Concerns:	Cell #:
	Work#:
	Email:
Dismissal Contacts: Phone #:	Emergency Contacts: Phone #:

Emergency Medical Authorization to Treat Minor Child

In the event that we cannot reach a parent or guardian of your child, please fill out the following consent.

I, _____, parent or legal guardian of _____,

do hereby consent to any medical care and the administration of anesthesia determined by a physician to be necessary for the welfare of my child while said child is under the care of The School of Early Learning of Auburn, First United Methodist Church, City of Auburn, State of Indiana, and I am not reasonably available by telephone to give consent.

This authorization is effective for the 2023-2024 School Year.

Signature of Parent or Legal Guardian

Date

Child's Physician: _____ Phone: _____

Insurance: _____ Policy # _____

Preferred Hospital: _____