

MEDICAL AUTHORIZATION AND CONSENT FORM EMERGENCY TELEPHONE NUMBERS

I, _____, hereby authorize the Anna Bing Arnold Children's Center personnel to have me transported to the nearest hospital via emergency squad vehicle and to secure the necessary medical treatment.

I understand that every attempt to reach the person(s) listed below will be made by the school.

I understand that some of the teachers at the Anna Bing Arnold Children's Center are trained in basic First Aid and I authorize them to give me necessary first aid when and if it is appropriate.

I understand that when working with young children in a group day care setting I will be exposed to many communicable diseases that are normal among this age group.

Address

Telephone

Signature

Date

Contact one of the following persons in case of an emergency.

Call first:

Name: _____ Relationship: _____

Address: _____ Tel.#: _____

Call Second:

Name: _____ Relationship: _____

Address: _____ Tel.#: _____

This form will be kept confidential and will be used only in an emergency. List any medical problem(s), allergies and/or medication(s) you are taking that you would want the emergency medical persons to be aware of: _____

Name of your local doctor: _____

Telephone Number: _____

At what hospital does he/she practice medicine? _____