

## Authorization for Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for Discovery Bridge Preschool Staff to obtain whatever treatment may be deemed necessary for:

Child's Name \_\_\_\_\_ (D.O.B)\_\_\_\_/\_\_\_\_/\_\_\_\_

### Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, Discovery Bridge Preschool staff will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, DBP staff will call 911 and the parent(s).

If the parent(s) cannot be reached, staff will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Per state licensing, please list the working hours of each parent to the best of the parent's knowledge:

Mother: \_\_\_\_\_ Father: \_\_\_\_\_

If the parent(s) and the authorized person(s) cannot be reached, Discovery Bridge staff will call the child's doctor, identified below. If the child must be taken to a hospital, DBP will take the child to the child's hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, DBP will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment for the child.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number:
Address:	
Name of Hospital/Clinic:	Phone Number:
Address:	

I agree to promptly notify Discovery Bridge Preschool staff of any changes of the above information.

This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of services, forfeiture of tuition, or both.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

DB staff initials \_\_\_\_\_