



Froebel Gabe Learning Childcare Center

Emergency Medical Treatment Authorization

I give _____, and his/her employees permission to obtain emergency
(Care provider's name)

medical/dental treatment for my child, _____.
(Child's name)

Child's Physician: _____ Phone: _____

Physician's address: _____

Child's Care Number: _____

Parent's Address: _____

Home Phone #: _____ Work Phone #: _____

Cell Phone # _____

Consent

1. It is the policy of this facility to notify a parent when a child is ill or needs medical attention. Occasionally we cannot contact parents and we need to get immediate help for the child. Our procedure is to call for an ambulance.
2. Please sign the consent below so that we can take the appropriate action on behalf of your child. Return this signed consent form to the center immediately. We will take this consent with us to the emergency center.
3. I hereby give consent for my child _____ to be taken to the nearest emergency center when I cannot be contacted.
4. I hereby give consent for my child named _____ above to receive medical treatment.

Signature of Parent/Guardian _____ Date _____

Signature of Care Provider _____