

# EMERGENCY AND MEDICAL AUTHORIZATION and PARENT/GUARDIAN AUTHORIZATION FORM FOR SUBSTITUTE PROVIDER

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent/Guardian(s): \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Parent/Guardian's Employer \_\_\_\_\_

Work Address: \_\_\_\_\_

Work Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

I/We authorize \_\_\_\_\_ to obtain immediate medical care and consent to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to my/our child on ward if any emergency occurs when I/we cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when I/we cannot be reached. Otherwise I/we expect to be notified immediately. The parent(s)/guardian will be responsible for payment of medical expenses. Medical treatment costs are covered by:

Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_

Child's Physician/Clinic \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

I(we) acknowledge that I(we) are familiar with the premises of the Provider's home and yard area and they are not dangerous to the safety of my child.

I(we) assume the entire responsibility for any injury my child may sustain while on the premises of the Provider's home or in the custody of the Provider, except in cases of gross negligence.

I(we) further agree that my child has permission to take trips by automobile, if my child is placed in a care seat, bus or by walking while under the Provider's supervision.

I(we) grant permission for my child to participate in water activities such as swimming and wading.

I(we) further agree and consent that the Provider is hereby released from all claims or liabilities for damages or injuries caused by my child.

I(we) further agree to hold the Provider and Infant/Toddler Family Day Care of No. VA free and harmless for any injuries, damages, or liabilities sustained when my child is ill or has symptoms of illness.

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Family Day Care Representative Date

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Family Day Care Provider Date