

<b>Child Care Center</b>		<b>Today's Date</b> (mm/dd/yyyy)		
<b>CHILD Information</b>				
<b>Legal Name:</b> Last Name	First Name	Middle Name	Birthdate (mm/dd/yyyy)	Gender
<b>AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION</b>				
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:				
<b>PHYSICIAN Information</b>				
Name:				
Address: (Street name, building and/or apt. #, City, State ZIP)				
Phone :				
<b>EMERGENCY MEDICAL CARE FACILITY Information</b>				
Name:				
Address: (Street name, building and/or apt. #, City, State ZIP)				
Phone :				

**EM**

I give consent for the facility to secure any and all necessary emergency medical care for my child.

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**Signature of Parent Guardian**

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**Date**