

Child Emergency Authorization

Name of Child: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Mother's Cell Phone _____

Mother's Place of Employment: _____ Work Phone: _____

Work Address: _____

Father's Place of Employment: _____ Work Phone: _____

Address: _____

Father's Cell Phone: _____

The parent(s)/guardian authorizes **Fredericksburg Preschool Inc.** to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, her/his child if an emergency occurs when she/he cannot be located immediately.

It is also understood that this agreement covers only those situations that are true emergencies and only when she/he cannot be reached. Otherwise she/he expects to be notified immediately.

Child's Physician or clinic: _____ Phone: _____

Address: _____

Signature of Parent(s) or Guardian

Date

This form is to be kept by FPI and is to be taken to the doctor or treatment facility in case of emergency.

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Child Emergency Authorization

Name of Child: _____ Date of Birth: _____

Home Address: _____

Home Phone: _____ Mother's Cell Phone _____

Mother's Place of Employment: _____ Work Phone: _____

Work Address: _____

Father's Place of Employment: _____ Work Phone: _____

Address: _____

Father's Cell Phone: _____

The parent(s)/guardian authorizes **Fredericksburg Preschool Inc.** to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, her/his child if an emergency occurs when she/he cannot be located immediately.

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