

Parental Permission for Emergency Medical Care

I, the undersigned, hereby give permission for emergency medical care for my child in the event of illness or injury while under the care of the facility staff.

Parent/Guardian Name:

Child's Name:

Child's Date of Birth:

Parent/Guardian Phone Number:

Physician's Name:

Physician's Phone:

Medical Conditions/Allergies:

Insurance Information:

Parent/Guardian Signature:

Date: