



PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

*In the event of an emergency, this form will be provided to the treatment facility.
Please complete it in its entirety.*

Name of Child:	Date of Birth:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Enrollment Date:
Primary Address:	City:	State:	Zip:
Medical Problems:	Blood Type:	Allergies:	
List of Medication your Child is taking:			
Special conditions, disabilities, medial/physical restrictions: _____ _____			

CHILD'S MEDICAL INSURANCE INFORMATION

Please attach a copy of the Insurance Card(s)

Carrier: _____	Physician's Name: _____	Dentist's Name: _____
Policy Number: _____	Address: _____	Address: _____
Policy in Name of: _____	_____	_____
Carrier Phone Number: _____	Phone Number: _____	Phone Number: _____

PARENT/LEGAL GUARDIAN'S #1:

PARENT/LEGAL GUARDIAN'S #2:

Name: _____	Name: _____		
Relationship: _____	Relationship: _____		
Street: _____	Street: _____		
City/State/Zip: _____	City/State/Zip: _____		
Home Phone: _____	Mobile No.: _____	Home Phone: _____	Mobile No.: _____
Email: _____	Email: _____		
Employer Name: _____	Employer Name: _____		
Street: _____	Street: _____		
City/State/Zip: _____	City/State/Zip: _____		
Work Phone: _____	Work Phone: _____		

EMERGENCY CONTACTS

Person **PROHIBITED** from picking up your child. _____

Persons authorized to pick up your child and/or to be contacted in case of emergency if neither parent is available to assume responsibility for the child.

EMERGENCY CONTACT #1	EMERGENCY CONTACT #2	EMERGENCY CONTACT #3
Name: _____	Name: _____	Name: _____
Relationship: _____	Relationship: _____	Relationship: _____
Home Phone: _____	Home Phone: _____	Home Phone: _____
Mobile Phone: _____	Mobile Phone: _____	Mobile Phone: _____

AUTHORIZATION FOR EMERGENCY MEDICAL TREATMENT

As the parent(s)/guardian(s) of the above-named child, I/we attest that the information above is correct. I/we authorize Curious Children Child Care Center staff to obtain emergency treatment for my child and understand that I/we will be promptly notified.

Parent #1 Signature: _____	Parent #2 Signature: _____
Date: _____	Date: _____