

AUTHORIZATION TO SECURE MEDICAL TREATMENT OF MINOR STUDENT

Parents shall complete an emergency care form each year. The form includes a place for parental consent for child care providers to obtain medical treatment for the student, as provided by law. Parents shall also be asked to supply other information that could be required in case of an emergency; parents should update as often as necessary.

Name of Day Care Facility Owner or Director
CUBS COUNTRY CHILD CARE
Melba Ramzinski

to take my child:

Name of Child	Date of Birth	Name of parent/guardian	
Address	Home Telephone	Cell Telephone	Work Telephone
Name of other parent	Home Telephone	Cell Telephone	Work Telephone

to: **a:**

Name of Doctor	Telephone No.
Address of Doctor	

or to: **a:**

Name of Hospital or Clinic	Telephone No.
Address of Hospital or Clinic	

*** In case of an accident/illness, if your child is taken by an EMS or any other emergency transportation it will be in the judgment of the EMT as to where your child will be taken.**

I give consent for Cubs Country Child Care of La Vernia Texas or a designated representative to secure any necessary emergency treatment. I understand that cost of services provided by ambulance, private physician, clinic, hospital or dentist remain the responsibility of the parent or guardian and shall not be assumed by Melba Ramzinski INC. d.b.a. Cubs Country Child Care of La Vernia Texas. Copies of this authorization may be presented to the admission office of a hospital or clinic, or to a physician or dentist. Other distribution shall be only within the limitation of the Family Educational Rights and Privacy act.

Drugs to which the student has an allergic or adverse reaction _____

List other pertinent conditions: _____

_____ Date

Parent or Guardian

AUTHORIZATION FOR EMERGENCY MEDICAL CARE