



# AUTHORIZATION FOR EMERGENCY MEDICAL/DENTAL CARE

In cases of illness or injury requiring medical attention and when the parents/guardians cannot be reached, the undersigned authorizes \_\_\_\_\_ (caregiver/teacher) to call the preferred primary/dental care provider or to take my child \_\_\_\_\_ (child's name) to the nearest hospital or preferred primary/dental care provider; and it is understood that if possible, his/her services will be obtained. If the preferred primary/dental care provider cannot be contacted, the caregiver/teacher is authorized to contact another primary/dental care provider.

It is also understood that this agreement covers only those situations which, in the best judgment of the caregiver/teacher, are true emergencies.

NOTE: Every effort will be made to notify parents/guardians immediately in case of emergency.

Child's Full Name \_\_\_\_\_ Child's Date of Birth \_\_\_/\_\_\_/\_\_\_\_\_  
Child's Address \_\_\_\_\_

### PARENT/GUARDIAN #1

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

### PARENT/GUARDIAN #2

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

### EMERGENCY CONTACT

Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_  
Home Ph. \_\_\_\_\_ Work Ph. \_\_\_\_\_ Cell Ph. \_\_\_\_\_

Any known allergies or medical conditions of child:  
\_\_\_\_\_  
\_\_\_\_\_

### MEDICAL INSURANCE INFORMATION

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Member \_\_\_\_\_ Policy # \_\_\_\_\_  
Group Number \_\_\_\_\_

#### **My preferred primary care provider is:**

Name:  
Address:

Phone:

#### **My preferred hospital is:**

Name:  
Address:

Phone:

### DENTAL INSURANCE INFORMATION

Name of Company \_\_\_\_\_ Phone \_\_\_\_\_  
Name of Member \_\_\_\_\_ Policy # \_\_\_\_\_  
Group Number \_\_\_\_\_

#### **My preferred dental care provider is:**

Name:  
Address:

Phone:

*I agree to be responsible for the cost of such emergency medical care.*

Signature of Parent/Guardian #1: \_\_\_\_\_

Signature of Parent/Guardian #2: \_\_\_\_\_

Adapted from the N.C. Department of Health and Human Services, Division of Child Development. 2004. Child's Health and Emergency Information for Family Child Care Homes. [http://ncchildcare.dhhs.state.nc.us/pdf\\_forms/DCD-0377.pdf](http://ncchildcare.dhhs.state.nc.us/pdf_forms/DCD-0377.pdf).