

Classroom Emergency Authorization Card

Name _____ D.O.B. _____

Parent's Name _____

Phone(hm) _____ (wk) _____ (cell) _____

Emergency Contact Name _____

(Responsible for medical decisions)

Relationship _____ Phone _____

Emergency Contact Name _____

Relationship _____ Phone _____

Hospital _____ Insurance Information _____

Doctor _____ Phone _____

Allergies _____

EMERGENCY AUTHORIZATION

I give my permission to Community Child Care Center to take whatever emergency measures are judged necessary for the care and protection of my child while under the supervision of the Center.

In case of a medical emergency, I authorize CCCC to provide Treatment for my child in the event that I cannot be reached or am unavailable.

It is understood that in some medical emergencies the staff will need to contact the local emergency resource before the parent, child's physician and/or other adult acting on the parent's behalf. If ambulance service is required it will be at the parent's expense. CCCC defines an emergency as life endangering or physical injuries which might result in permanent disfigurement or disability if not treated immediately. In all other cases parents, as per the Center's policy booklet, are expected to pick up their sick or injured child within 30 minutes after notification.

Date _____ Parent or Guardian _____

