

EMERGENCY FORM – MUST BE NOTARIZED

Child's name \_\_\_\_\_

If the child requires medical care, the following procedures will be followed; You will be called immediately. If I cannot reach you, the child's family doctor will be called at;

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone # \_\_\_\_\_

If the doctor is not available, the child will be taken to the nearest hospital emergency room for treatment.

Health Insurance Carrier

\_\_\_\_\_

Insured's name

\_\_\_\_\_

Policy number \_\_\_\_\_

Emergency Release Form

I hereby give my consent to Miss Dawn's Child Care to authorize medical, surgical, and/or dental treatment including hospitalization for my child \_\_\_\_\_ should it be necessary while my child is in their care.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Witness(Notary) \_\_\_\_\_ Date \_\_\_\_\_