Martha M. Frank, Ph.D., OTR/L, BCP
Executive Director

AUTHORIZATION FOR EMERGENCY TREATMENT OF MINORS
PROGRAM YEAR 2018-2019

Child's Name: _____ D.O.B.: _____
Address: _____ Phone: _____
City and State: _____ Zip Code: _____

Mother's Name: _____ Phone: _____
Address: _____ **Cell:** _____
City and State: _____ Zip Code: _____
EMAIL Address: _____

Father's Name: _____ Phone: _____
Address: _____ **Cell:** _____
City and State: _____ Zip Code: _____
EMAIL Address: _____

County in which you live: _____
School District: _____

I, _____, the parent/guardian of child, _____, do hereby appoint Whispering Pines Preschool, Inc. to act on my behalf in authorizing emergency medical, dental, surgical care and hospitalization for my child in the 2018 –2019 school year during my absence and when I cannot be reached.

This document shall be presented to a physician, dentist, or appropriate hospital representative at such time as emergency medical, dental, surgical care of hospitalization may be required.

Parent/Guardian: _____
(Print Name)
Signature: _____ Date: _____

Witness: _____
(Print Name)
Signature: _____ Date: _____

(OVER)

Child's Physician: _____ Phone: _____

Address: _____

Child's Dentist: _____ Phone: _____

Address: _____

Hospital Preference (if any): _____

Allergies: _____

Medications: _____
No medications will be administered to a child without prior written instructions from a physician for the dispensing of this medication and prescription.

Medical Restrictions: _____

Hospitalization Coverage: _____

Name of Insurance Company: _____

Policy Number: _____

Persons to be notified if parent/guardian cannot be reached in event of emergency: (This person will be contacted should it be necessary for Whispering Pines Preschool, Inc. to seek emergency treatment for your child.) Please list 3 people who may be contacted.

Name: _____

Relationship to Child: _____

Address: _____Phone: _____

Name: _____

Relationship to Child: _____

Address: _____Phone: _____

Name: _____

Relationship to Child: _____

Address: _____Phone: _____