



## Emergency Medical Authorization Vehicle Emergency Medical Information

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Child's SS# \_\_\_\_\_

Address \_\_\_\_\_

Father's Name \_\_\_\_\_

Father's Home Phone \_\_\_\_\_ Father's Work Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_

Mother's Home Phone \_\_\_\_\_ Mother's Work Phone \_\_\_\_\_

### Emergency Contact Information

Name \_\_\_\_\_ Phone \_\_\_\_\_

### Medical Information

Doctor Name \_\_\_\_\_ Phone \_\_\_\_\_

Known Medical Conditions/Allergies \_\_\_\_\_

\_\_\_\_\_

Current Prescribed Medication \_\_\_\_\_

Should the child named above suffer an illness or injury while in the care of **Kids & Company** and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary.

I (We) shall assume responsibility for payment for services.

I (We) agree to keep the facility informed of changes in telephone numbers, etc. where I (we) can be reached. The facility agrees to keep me informed of any incidents requiring medical attention involving my child.

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