



Medical Emergency Authorization Form

Consent to Medical Care And Treatment of Minor Children

I _____ (the natural parent or legal guardian) hereby give permission that my child, _____ may be given emergency treatment to include first aid and CPR by a qualified child care staff member at _____.

I further authorize and consent to medical, surgical and hospital care, Treatment and procedures to be performed for my child by my child's Regular physician, or when that physician cannot be reached, by a Licensed physician or hospital when deemed immediately necessary Or advisable by the physician to safeguard my child's health and I Cannot be contacted. I waive my right of informed consent to such Treatment.

I also give permission for my child to be transported by ambulance or aid car to an emergency center for treatment.

Signature

Date