

**2019-2020 School Year**  
**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

**Child's Name:** \_\_\_\_\_  
First Last Preferred name if different from legal name

**Child's Birthdate:** \_\_\_\_\_ **Weight:** \_\_\_\_\_ **Height:** \_\_\_\_\_

I understand that no emergency treatment will be given to my child without parental consent, except in a life-threatening situation. Since informed consent must be given at the time of the incident, I understand that I must leave numbers where I (or my spouse or a responsible adult designated by me) may be reached daily if the numbers below do not apply for that day.

In case of medical emergency while my child is attending Promises Preschool at Three Chopt Presbyterian Church, I understand that the following procedure will be followed:

1. The center will contact parent(s):

Mother's cell phone \_\_\_\_\_

Father's cell phone \_\_\_\_\_

2. If neither parent is available, the center will contact these emergency persons:

Name: \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First

Name: \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First

Name: \_\_\_\_\_ Cell # \_\_\_\_\_  
Last First

3. The center will arrange for emergency transportation to the nearest emergency medical facility, if necessary. At no time will a staff member drive with my child unless accompanied by another adult. My child may be transported by an ambulance or other such vehicle when necessary; a staff would accompany child.

4. The center will also contact my child's physician, Dr. \_\_\_\_\_ who can be reached at \_\_\_\_\_.

I hereby authorize the center to follow this procedure.

Parent's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Insurance Carrier: \_\_\_\_\_ Insurance member number: \_\_\_\_\_

(Virginia Department of Social Services, Safe Child Day Programs Manual 1994, 104)