

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for:

INCREDIBLE KIDS ACADEMY to obtain whatever treatment may be deemed necessary for:

Name of Child #1 (D.O.B) _____

Name of Child #2 (D.O.B) _____

Emergency Parental Consent

When there is a medical emergency, or when a child needs immediate medical treatment, [Incredible Kids Academy](#) will take all reasonable steps to see that the children in their care receive adequate medical care.

When appropriate, [Incredible Kids Academy](#) will call 911 and the parent(s).

If the parent(s) cannot be reached, [Incredible Kids Academy](#) will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment of the child.

Name: _____ Phone: _____

Name: _____ Phone: _____

If the parent(s) and the authorized person(s) cannot be reached [Incredible Kids Academy](#) will call the child’s doctor, identified below. If the child must be taken to a hospital, [Incredible Kids Academy](#) will take the child to the child’s hospital identified below. If, under the circumstances, it is more reasonable to bring the child to another hospital, [Incredible Kids Academy](#) will do so. In the situation where the parent(s) and the person(s) authorized to give permission for medical treatment cannot be reached, the parent authorizes the child’s doctor to provide the appropriate medical treatment for the child.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number
Address:	
Name of Hospital/Clinic:	Phone Number:
Address:	

I agree to promptly notify [Incredible Kids Academy](#) of any changes of the above information. This form is legally binding, so by signing it, you agree that all of the information provided herein is correct. False Information may result in termination of childcare services, forfeiture of childcare retainer, or both.

Father/Guardian's Signature:	Date:
Mother/Guardian's Signature:	Date:
Provider Signature	Date: