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:

MICKEY 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, Mickey Academy will take all reasonable steps to see that the children in their care receive adequate medical care. When appropriate, Mickey Academy will call 911 and the parent(s).

If the parent(s) cannot be reached, Mickey 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 Mickey Academy will call the child's doctor, identified below. If the child must be taken to a hospital, Mickey 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, Mickey 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 Mickey 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: