

AUTHORIZATION

FOR EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT

It is the firm hope that the **authorization** granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization. In emergency situations, where the parent of the child cannot be contacted immediately, this form can be extremely important. The authorization granted by this form will be used to contact the parent. Please indicate below emergency numbers at which we may be able to reach one of the parents or obtain information as to their whereabouts. Doctors and hospitals often refuse to give treatment regardless of how minor, without authorization from the parents. When time is a factor in getting medical assistance for your child, this information and authorization could be essential.

In the event my child requires medical care (and the determination thereof shall rest solely with the school), I hereby authorize the doctor and/or doctors and/or hospital to which he/she may be brought to take and perform all necessary procedures and render any indicated treatment, including the administration of an anesthesia, if needed, and the performance of an operation, if in the opinion of said doctor or doctors the same is necessary while he/she is under the jurisdiction of the Pre-School of Temple B'nai Or.

Name of Child _____ Date _____
Authorized Signature _____ Relationship to Child _____
Phone: Daytime _____ Home _____ Cell _____
Address _____
Medical Insurance Company _____ Policy # _____
Name of Doctor _____ Phone _____
Allergies _____
Medications being routinely taken: _____
Other relevant information (Asthma etc.) _____

The people who would **most likely be available** to come to school or to locate my child's parents or guardian if necessary would be: (**Parents first**, if appropriate.) Print carefully.

Name	Address	Phone Number	Relationship to Child