



## ***EMERGENCY MEDICAL AUTHORIZATION***

Child's Name \_\_\_\_\_ Age \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name(s) \_\_\_\_\_

What restrictions should be observed? \_\_\_\_\_

Date of last tetanus inoculation (DPT, DT, or Tetanus booster should be every five years) \_\_\_\_\_

List any allergies, including medications \_\_\_\_\_

### **EMERGENCY PERMISSION:**

*In case of emergency:* In the event of any emergency illness or accident, the attendant or person in charge will contact the child's parents at the earliest possible moment. However, as contact cannot always be made immediately, signed permission for emergency care is required.

In the event that \_\_\_\_\_ suffers any illness or accident requiring emergency hospitalization, medication, or surgery while in the care of \_\_\_\_\_

\_\_\_\_\_, I hereby give my permission for any necessary hospitalization, medication, or surgery on recommendation of a qualified doctor after consulting the

person in charge. I understand that the attendant and/or doctor will contact me at the earliest possible time.

Signature \_\_\_\_\_ Relationship to child \_\_\_\_\_

Phone (home) \_\_\_\_\_ (mobile) \_\_\_\_\_

(work) \_\_\_\_\_

Address \_\_\_\_\_

### **TO BE COMPLETED BY NOTARY PUBLIC:**

STATE OF \_\_\_\_\_ COUNTY OF \_\_\_\_\_

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print, type, or stamp commissioned name of Notary Public

Personally known \_\_\_\_\_ OR Produced identification \_\_\_\_\_

Type of Identification produced \_\_\_\_\_