Country Daycare
Stacy Willie

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 or accident, I give my permission for:

Country Daycare
(Stacy Willie)

to take my child:

Name of Child _____

to:

Name of Doctor _____**Telephone No.** _____

Address of Doctor _____

or to:

Name of Hospital or Clinic _____**Telephone No.** _____

Address of Hospital or Clinic_____

Allergies: _____

Medications: _____

Insurance Provider: _____

Insurance ID/Group #: _____

I give consent for necessary emergency treatment when my child is in the care of this physician, hospital or clinic.

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Signature-Parent or Legal Guardian _____**Date** _____