

Little Peeples World  
30 W Williamsburg Rd  
Sandston, Virginia 23150



### Child's Emergency Medical Authorization

Name of Child \_\_\_\_\_ Birth date \_\_\_\_\_

Name of Parent(s) or Guardian \_\_\_\_\_

Home Address \_\_\_\_\_ Telephone # \_\_\_\_\_

Place of Mother's Employment \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

Place of Father's Employment \_\_\_\_\_ Telephone # \_\_\_\_\_

Address \_\_\_\_\_ Cell # \_\_\_\_\_

The Parent(s)/guardian authorizes \_\_\_\_\_

(Name of Day Care Center Operator)

to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. \_\_\_\_\_

2. Medical treatment costs are covered by: \_\_\_\_\_

a. Private Insurance (name & policy no.) \_\_\_\_\_

b. Medicaid Coverage No. \_\_\_\_\_

c. Other medical insurance:

Name of Insurance Company \_\_\_\_\_

Policy No. \_\_\_\_\_

d. No insurance \_\_\_\_\_

Child's physician or clinic attended \_\_\_\_\_

Attached is a copy of the agreement with:

Child's parent(s) or guardian and the day care center operator. Yes \_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_  
Signature (Parent(s)/Guardian)

\_\_\_\_\_  
Date

This form is to be kept by the day care operator and is to be taken to the doctor or treatment facility in case of emergency.