

HEALTH & EMERGENCY AUTHORIZATION / Early Learning Matters 2018-2019

CHILD'S NAME _____ Date of Birth _____
Address _____ Home Phone _____
City, State, Zip Code _____

MOTHER'S NAME _____
Cell Phone _____ Home Phone _____
Work Phone _____ Employer _____
Home Address _____
City, State, Zip _____

FATHER'S NAME _____
Cell Phone _____ Home Phone _____
Work Phone _____ Employer _____
Home Address _____
City, State, Zip _____

Persons (*other than parents*) authorized to be contacted in the event of illness, accident, emergency, or to remove child from school:

Name _____ Cell Phone _____
Relationship _____ Home or Work Phone _____
Name _____ Cell Phone _____
Relationship _____ Home or Work Phone _____

Medical Insurance Carrier _____
Name of Insured _____ Policy Number _____
Physician's Name and telephone _____
Individuals authorized to receive health information on child (*if any*) _____

Any allergies, special health problems or concerns _____

Any information which would be helpful in caring for your child if sick or in an emergency (*likes, dislikes, fears, special concerns or needs, personality and development, etc.*) _____

Languages spoken at home _____

Parents authorize Early Learning Matters and its employees to take whatever steps deemed necessary to obtain care for their child in the event of an illness, accident, or emergency and release Early Learning Matters and its employees from any liability in providing and obtaining this care. These steps may include, but are not limited to: applying first aid, contacting parents, contacting person(s) authorized above when parent cannot be reached, contacting child's physician, contacting and/or obtaining medical treatment from a licensed physician or paramedic, calling an ambulance, having child transported by ambulance to a medical facility for further medical treatment and/or diagnosis. Parents understand and agree that all expenses incurred in obtaining medical treatment and/or transport is the responsibility of the parents, and not that of Early Learning Matters or its employees.

Signature _____ (Mother/Guardian) Date _____

Signature _____ (Father/Guardian) Date _____