

Emergency Care Authorization Form

If I cannot be reached or my emergency contacted are unreachable to make arrangements for emergency medical care for my child at the time of an illness, accident, or injury, I give my permission for Green Thumb Day Care to obtain whatever treatment may be deemed necessary for:

Child's Name: _____ D.O.B. _____
 Child's Name: _____ D.O.B. _____
 Child's Name: _____ D.O.B. _____

When there is a medical emergency or when my child needs immediate medical treatment, Green Thumb will take all reasonable steps to see that the child receives adequate medical care. When appropriate, Green Thumb Staff will call 911 and then parent(s). If the parents cannot be reached Green Thumb will call the person(s) listed below who are authorized by the parent to give permission for the medical treatment.

Name: _____ Phone: _____
 Name: _____ Phone: _____

If the parent(s) and an authorized person cannot be reached, I will contact the appropriate medical professional listed below. If the child must be taken to the hospital, we will use the closes facility. In the situation where the parents or person authorized to give permission for medical treatment cannot be reached, the parent authorizes the child's doctor to provide the appropriate medical treatment.

Name of Doctor:	Phone Number:
Address:	
Name of Dentist:	Phone Number:
Address:	

The following insurance information will be used for emergency medical treatment. Green Thumb Day Care is **not** responsible for the payment of emergency medical treatment.

Name of Insurance Company:	Billing Address
Phone Number	Policy / Group Number

Parents Signature

Date

Witness

Date