

Authorization for Emergency Medical Care

\_\_\_\_\_, has my permission to secure emergency medical care for my children in my absence.

Our physician is:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Our health insurance carrier is: \_\_\_\_\_

and the policy number is as follows: \_\_\_\_\_

This authorization is for the following children:

Child's Name	Date of Birth	Comments
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Authorized by: \_\_\_\_\_  
Print

Signature: \_\_\_\_\_ Date: \_\_\_\_\_