

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: _____