Emergency Medical Authorization

Should _____, _____ suffer an injury or illness while
Child's Name Date of Birth

the care of The Learning Treehouse and the facility is unable to contact me immediately, it shall be authorized to secure such medical attention and care for my child as may be necessary. I (we) agree to keep the facility informed of changes in telephone numbers, etc. there I (we) can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

_____ _____
Physician/ Clinic Name Telephone Number

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:
_____
_____
_____
_____
_____

Signed: _____ Date: _____