

EMERGENCY MEDICAL CARE

I authorize \_\_\_\_\_ to obtain  
(Day Care Provider Name)  
emergency medical care or treatment for my child, \_\_\_\_\_,  
in the event of a medical emergency. If time and circumstances permit, the provider  
should attempt to reach those persons listed on the admission form as persons to contact  
prior to any action being taken

\_\_\_\_\_  
(Parent's Signature)

\_\_\_\_\_  
(Date)

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