

# CENTRAL CHRISTIAN ACADEMY PRESCHOOL

## ***AUTHORIZATION FOR EMERGENCY MEDICAL CARE***

(This form must be brought to us completely filled out, including witness.)

I hereby appoint the Staff of Central Christian Academy Preschool as my agent and representative for the purpose of authorizing and consenting to any and all emergency care for my child \_\_\_\_\_ while said child is in said individual's  
(name of child to be treated)  
custody between the date of \_\_\_\_\_ 20 \_\_\_\_\_ and continuing as long as my child is in the care of Central Christian Academy Preschool.

\_\_\_\_\_  
SIGNATURE OF PARENT OR GUARDIAN

\_\_\_\_\_  
WITNESS (non-family or non-staff member)

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Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

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Hospital preference \_\_\_\_\_

Emergency Phone Numbers:

\_\_\_\_\_  
Father's Work

\_\_\_\_\_  
Father's Mobile

\_\_\_\_\_  
HOME

\_\_\_\_\_  
Mother's Work

\_\_\_\_\_  
Mother's Mobile

Do you have health insurance?

Yes \_\_\_\_\_

No \_\_\_\_\_

Policy name and number: \_\_\_\_\_

Do you receive medical assistance?

Yes \_\_\_\_\_

No \_\_\_\_\_

Program and card number: \_\_\_\_\_

Is child eligible for military medical care? \_\_\_\_\_

I.D. # \_\_\_\_\_

*(See yellow health record for additional medical information.)*