

Authorization for Emergency Medical Treatment

Childs Name: _____

I hereby authorize the Administrator/Director or office staff of Happy Days Child Care & Nursery to take whatever steps may be necessary for medical care to be rendered to my child in the event of an emergency. I understand that the order of actions taken will follow the outline below unless the need for calling 911 does not exist, in which case we reserve the right to change the order as necessary.

1. 911 will be called.
2. Parent(s) or legal guardian will be called.
3. The contact person whom parent(s) or legal guardian have authorized on the Student Information Form will be called.

Parent/Guardian Signature _____

Printed Name: _____ Date: _____

Witness signature must be provided, or you may wait to sign in front of Happy Days office personnel.

Witness Signature _____

Printed Name: _____ Date: _____