

Emergency Authorization Form

Child's Name _____	Date of Birth _____
Child resides with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both parents <input type="checkbox"/> Guardian	

Mother or Guardian Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____	Father or Guardian Home Phone _____ Work Phone _____ Cell Phone _____ E-mail Address _____
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Names of friends or relatives to call if you cannot be reached	
Name _____	Relation to child _____
Phone No. _____	Email: _____
Name _____	Relation to child _____
Phone No. _____	Email: _____
Name _____	Relation to child _____
Phone No. _____	Email: _____
Name _____	Relation to child _____
Phone No. _____	Email: _____

Names of friends or relatives who do <i>not</i> have permission to pick up your child from the program.	
Name _____	Relation to child _____
Email: _____	Phone No. _____
Name _____	Relation to child _____
Email: _____	Phone No. _____

I hereby grant permission for **Abundance of Joy** or her/his staff to take whatever steps may be necessary to obtain emergency medical care if warranted. These steps may include but are not limited to the following:

1. Attempt to contact a parent or guardian.
2. Attempt to contact the child's physician.
3. Attempt to contact a parent/guardian through any of the persons listed on the emergency information form you completed for us.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
 - (a) Call another physician or paramedics,
 - (b) call an ambulance,
 - (c) have the child taken to an emergency hospital in the company of the provider or a staff member.
5. Any expenses under number 4, above, will be borne by the child's family.

Parent/Guardian Signature _____ Date _____

Parent/Guardian Signature _____ Date _____