



Authorization For Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Redeemer Day School and its staff to do the following for my child:

Child's Name _____ Date of Birth _____

Call:

Name of Doctor _____ Phone Number _____
Address _____

Call 911 for transport to:

Name of Hospital _____ Phone Number _____
Address _____

Does your child have any known allergies, conditions, or illnesses that would conflict with emergency care or treatment?

Yes _____ No _____ If so, please explain/list: _____

Parent Signature _____ Date _____

Emergency Phone Number Information

Parent Contacts:

Mother's Name _____ Best Contact # _____ Alt. # _____

Father's Name _____ Best Contact # _____ Alt. # _____

Emergency and Alternate Pick-up Contacts (we must have 2 people outside of parents):

Name: _____ Address: _____ # _____

Name: _____ Address: _____ # _____

Name: _____ Address: _____ # _____

Name: _____ Address: _____ # _____