

SonShine Day Camp

Authorization for Emergency Medical Care

Child's Name _____ Age _____

Address _____ Tel. No. _____

City _____ State _____ Zip code _____

Physical Impairments or Allergies: _____

I hereby authorize SonShine PreSchool to call an emergency ambulance in case of accident or acute illness, and to arrange for necessary emergency medical and surgical care, in case I am not immediately available. Any qualified physician, called by SonShine PreSchool may treat and do whatever is necessary for the health and well-being of my child until I can be notified.

It is understood that a conscientious effort must be made to notify me (parents) before such action is taken.

Physician _____ Tel. # _____

Mother _____ Cell # _____

Employer _____ Tel. # _____

Father _____ Cell # _____

Employer _____ Tel. # _____

Other _____ Tel. # _____

This form must be signed by both the Mother & Father of the student or the legal guardian(s).

Mother's Signature _____ Date _____

Father's Signature _____ Date _____