



Permission for Emergency Care

Child's Full Name _____ Date of Birth ____/____/____
Last First Middle

Mother: _____ Father: _____

Address: _____ Address: _____
(Mother) (Father) - if different from Mother

Home Phone(s) Father: _____ Mother: _____

Work Phone(s) Father: _____ Mother: _____

Cell Phone(s) Father: _____ Mother: _____

Child's Allergies _____

Outstanding Medical Conditions /Impact on School _____

Medications Child is Taking _____

Child's Doctor/Clinic _____ Phone _____

Insurance Company _____ Policy No. _____

Subscriber's Name _____ Place of Employment _____

In an emergency, when parent cannot be reached, please contact: *Note: These contacts must be located locally and able to pick your child up in the event you cannot be reached.*

Name Address Phone Relation to Child

Name Address Phone Relation to Child

AGREEMENTS

1. The AUMC Weekday Preschool or Early Learning Program agrees to notify the parent/guardian whenever the child becomes ill and the parent/guardian will arrange to have the child picked up as soon as possible if so requested by the program.
2. The Parent/Guardian authorizes the AUMC Weekday Preschool or Early Learning Program to obtain immediate medical care and gives consent to INOVA Fairfax Hospital for the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to, his/her child or ward if an emergency occurs when a parent cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when a parent cannot be reached. Otherwise, the parent/guardian expects to be notified immediately. **
3. The parent/guardian agrees to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health (www.vdh.virginia.gov/epi/regs/asp), except for life threatening diseases, which must be reported immediately.

Signature of Parent or Guardian

Date

** If there is an objection to seeking emergency medical care, a statement should be obtained from the parent/guardian that states the objection and the reason for the objection.

It is the responsibility of the parent to update this form as it becomes necessary throughout the year by completing and signing a new form.