



Emergency Authorization Form

Child's Name _____ Date of Birth _____

Child resides with: ☐ Mother ☐ Father ☐ Both parents ☐ Guardian

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 *not* have permission to pick up your child from the program.

Name _____ Relation to child _____ Phone No. _____

Email: _____

Name _____ Relation to child _____ Phone No. _____

Email: _____

I hereby grant permission for **Sunshine Daycare** 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