BABY & KIDDIE GALILEO
Pre-school & Daycare Center
360 Grove Street, Jersey City NJ 07304
175 Newark Avenue, Jersey City, NJ 07304
(201) 798-0343·(201) 451-7788· FAX(201) 798-8155

Smart Parents, Smarter Kids

PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

CHILDS'S NAME _____
AGE:_____ DATE OF BIRTH_____
ADDRESS:_____
PARENT(S) NAME: _____
PARENT(S) ADDRESS:_____

CHILD'S MEDICAL INFORMATION
MEDICAL PROBLEMS:_____
ALLERGIES:_____
MEDICINE(S) CHILD IS TAKEN:_____
MEDICINE(S) CHILD IS ALLERGIC TO:_____
CHILD'S DOCTOR NAME:_____ DOCTOR PHONE:_____

CHILD'S INSURANCE INFORMATION
COMPANY/HMO: _____
GROUP#: _____ IDENTIFICATION#:_____

I (We) state that we are the parent(s) or guardians(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above child care center Director or Director's designee to obtain emergency treatment of my child. I consent to an x-ray examination, anesthetic, medical or surgical diagnosis or treatment and hospital care to be rendered to the minor at a recognized medical facility, under the general or special supervision of a licensed physician or surgeon.

The following steps will be followed in an emergency:

1. The parent/guardian will be contacted immediately
2. The child's physician will be contacted
3. We will attempt to contact you through all the emergency persons listed on the child's application form
4. If we can not contact you or your child's physician we will do any or all of the following:
    a. Call for emergency first aid assistance/transportation
    b. Call another physician
    c. Have the child transported to an emergency hospital in the company of a staff member

PARENT SIGNATURE: _____
DATE: _____ DATE PERMISSION TERMINATED:_____
WITNESS: _____ DATE: _____