



**PARENTAL AUTHORIZATION/PERMISSION SLIP  
EMERGENCY TREATMENT**

Parent(s) Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Child's Name: \_\_\_\_\_ Age: \_\_\_\_\_ D.O.B. \_\_\_\_\_

**Medical Information**

Existing Medical Condition(s) \_\_\_\_\_  
\_\_\_\_\_

Food Allergies: \_\_\_\_\_

**Other Allergies:** \_\_\_\_\_

Medicine(s)  
Child is taking \_\_\_\_\_

Does your child require an Epi-Pen and/or Inhaler at Kidz Space? Yes \_\_\_\_\_ No \_\_\_\_\_  
**If yes, please provide us with Epi-Pen and/or Inhaler and submit the "School Medication Consent" form located on our website.**

Last Tetanus Shot (date) \_\_\_\_\_

Child's Doctor \_\_\_\_\_  
**Name Telephone**

**Insurance Information**

Company/HMO \_\_\_\_\_

Group Number \_\_\_\_\_

Identification# \_\_\_\_\_

I (we) state that we are the parent(s)/guardian(s) having legal custody of the above child and attest that the information above is correct. I (we) authorize the above childcare center director or director's designee to obtain emergency treatment for 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. There will be an attempt to contact you through all of the emergency persons listed on the child's application form.
4. If we cannot contact you or your child's physician, we will do any or all of the following:
  - (a) Call for emergency paramedic assistance/transportation.
  - (b) Call another physician.
  - (c) Have the child transported to an emergency hospital in the company of a staff member.
5. The center will not be responsible for complications that may occur as a result of false information given at the time of enrollment.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Date Permission Terminated: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_