Child Care Provider/Program Name:	
Child's Name:	Date of Birth:

In consideration of admittance, I hereby authorize _____ (*Child Care Provider/Program Name*)

located at _____ (*Number and Street*) _____ (*City/Town*) RI _____ (*Zip*)

to arrange for medical examination and/or treatment of my child _____ (*Child's Full Name*)

should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.

Preferred Hospital

I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.

Name of Hospital:		
Number and Street:	State:	Zip:

Physician (with private physician)

I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.

Name of Doctor:	Phone:
Health Insurance Carrier:	Policy Number:

Emergency Contact Information

In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contact and authorized persons must be listed.

Authorized Person: An authorized person can pick up a child from care with no confirmation from a parent/guardian. An authorized person may also be contacted if the program cannot get ahold of the parent.

Emergency Contact: An emergency contact can pick up a child from care **ONLY** if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent.

Please complete the following form listing the authorized and/or emergency contact persons in the order you wish them to be contacted (For example: The first contact listed is the first person that will be called if a parent/guardian cannot be reached).

Full Name:

Relationship: ☐ Authorized Pick Up ☐ Emergency Contact

Primary Phone: ( ) - ☐ Mobile ☐ Work ☐ Home

Secondary Phone: ( ) - ☐ Mobile ☐ Work ☐ Home

Full Name:

Relationship: ☐ Authorized Pick Up ☐ Emergency Contact

Primary Phone: ( ) - ☐ Mobile ☐ Work ☐ Home

Secondary Phone: ( ) - ☐ Mobile ☐ Work ☐ Home

Full Name:

Relationship: ☐ Authorized Pick Up ☐ Emergency Contact

Primary Phone: ( ) - ☐ Mobile ☐ Work ☐ Home

Secondary Phone: ( ) - ☐ Mobile ☐ Work ☐ Home

Parent/Guardian Name (Print) Relation to Child

Parent/Guardian Signature Date

Notary

Subscribed and sworn to before me on this ______ day of ______________

Date Month Year

Notary Public (Print)

Notary Public (Signature)

Commission Expiration