## PARENTAL AUTHORIZATION FOR EMERGENCY TREATMENT

Name (	Of Child:			Birthdate:	Enrollment D	Date:
_	PARENT/GUARDIAN # 1			PARENT/GUARDIAN # 2		
PARENT/GUARDIAN INFORMATION	Name:			Name:		
	Relationship:			Relationship:		
	Cell Phone:			Cell Phone:		
	Home Phone:			Home Phone:		
	Home Address:			Home Address :		
	Employer Name:			Employer Name:		
	Employer Phone:			Employer Phone:		
	E-Mail Address:			E-Mail Address:		
CY -S	Persons authorized to pick up your child and/or contact in case of emergency if neither parent is available to assume responsibility for the child.  Contact Name #1: Contact Name #3:					
SEN FACT	Relationship:		Relationship:		Relationship	
EMERGENCY CONTACTS	Cell Phone:		Cell Phone:		Cell Phone	
	Home Phone:		Home Phone:		Home Phone	:
	Employer Phone:		Employer Phone:		Employer Phone	:
<u>&gt;</u>	Name of person PROHIBITED from picking up your child:					
≿	Name of person I	PROHIBITED from pic	king up your child:			
CUSTODY	If a non-custodial pa	PROHIBITED from pion earent has been denie his effect for the cen	d access, or granted			
CUSTODY	If a non-custodial pa documentation to th	arent has been denie	d access, or granted ter to maintain a co			
CUSTODY	If a non-custodial pa documentation to the Child	arent has been denie his effect for the cen	d access, or granted ter to maintain a co			
	If a non-custodial pa documentation to the Child' Healt	arent has been denie his effect for the cen 's Health Care Provider	d access, or granted ter to maintain a co			
	If a non-custodial pa documentation to th Child' Healt Health	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone	d access, or granted ter to maintain a co			
	If a non-custodial pa documentation to th Child' Healt Health	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address	d access, or granted ter to maintain a co			
	If a non-custodial pa documentation to th Child' Healt Health	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address urance Company/Hmo	d access, or granted ter to maintain a co			
	If a non-custodial pa documentation to the Child' Health Name Of Ins	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address urance Company/Hmo	d access, or granted ter to maintain a co			
	If a non-custodial pa documentation to the Child' Health Name Of Inst	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address urance Company/Hmc Group #	d access, or granted ter to maintain a co			
MEDICAL INFORMATION CUSTODY	If a non-custodial pa documentation to the Child' Health Health Name Of Inst	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address urance Company/Hmc Group # Identification #	d access, or granted ter to maintain a co			
	If a non-custodial padocumentation to the documentation to the Child' Child' Health Health Name Of Inst	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address Jurance Company/Hmo Group # Identification # ame On Insurance Card (including medication)	d access, or granted ter to maintain a co			
	If a non-custodial padocumentation to the documentation to the Child' Child' Health Health Name Of Inst	arent has been denie his effect for the cen 's Health Care Provider th Care Provider Phone Care Provider Address urance Company/Hmc Group # Identification # Identification # Identification (including medication) tion My Child Is Taking Conditions, Disabilities al Restrictions, Medicar Emergency Situations	d access, or granted ter to maintain a co		mply with the terms	
MEDICAL INFORMATION	If a non-custodial padocumentation to the documentation to the Child'  Child'  Health  Health  Name Of Inst  Subscriber's Nath Known Allergies  Medicat  List Special Medicat/Physic Information For	arent has been denie his effect for the cen 's Health Care Provider Phone th Care Provider Address urance Company/Hmc Group # Identification # ame On Insurance Card (including medication) tion My Child Is Taking Conditions, Disabilities al Restrictions, Medicar Emergency Situations	d access, or granted ter to maintain a content ter to maintain a conte	SENCY MEDICAL TR	REATMENT  n above is correct. I (v	