

# Kidz Play LLC

## MEDICAL AUTHORIZATION FORM

### I. Family Information

Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

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Child's Name \_\_\_\_\_ Birthdate \_\_\_\_\_

Parent's Name \_\_\_\_\_ Home phone \_\_\_\_\_

Cell phone \_\_\_\_\_

### II. Additional persons who can be called in an emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

### III. Physician to be called in emergency:

Name \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

If physician cannot be reached, what action should be taken?

### IV. Medical insurance information:

Group Name/Plan Number: \_\_\_\_\_

Name and Social Security # of Insured (or person responsible for payment):

\_\_\_\_\_

### V. Allergies or other medical limitations: \_\_\_\_\_

**VI. Permission for medical treatment:** *Administrative procedures vary among medical personnel and medical facilities with regard to provision of medical care for a child in the absence of the parent. The exact procedure required by the physician or hospital to be used in emergencies should be verified in advance.* In case of accident or emergency, I authorize my child's caregiver or other authorized adults to take my child to the above-named physician or to the nearest hospital for emergency treatment. I authorize the administration of measures as are deemed necessary for the safety and protection of the child.

**Parent's Signature**

**Date**

\_\_\_\_\_

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