

LIDDLE TOTS II TEEN

PARENT AUTHORIZATION FOR EMERGENCY TREATMENT

**IN CONSIDERATION OF ADMITTANCE, I _____
PARENT/GUARDIAN, HEREBY AUTHORIZE LIDDLE TOTS II TEEN TO ARRANGE FOR MEDICAL
EXAMINATION AND/OR TREATMENT OF MY CHILD _____, SHOULD AN EMERGENCY
ARISE AT THE CENTER OR ON A FIELD TRIP. IT IS UNDERSTOOD THAT A CONSCIENTIOUS
EFFORT WILL BE MADE BY THE CENTER TO CONTACT ME AT THE EMERGENCY NUMBERS I
HAVE PROVIDED BELOW, BEFORE ANY MEDICAL ACTION IS TAKEN. I WOULD PREFER TO HAVE
MY CHILD, IF THE NEED ARISES, TAKEN TO _____ HOSPITAL.**

MOTHER'S/GUARDIAN'S SIGNATURE

HOME PHONE

BUS. PHONE

CELL PHONE

FATHER'S/GUARDIAN'S SIGNATURE

HOME PHONE

BUS. PHONE

CELL PHONE

HOME ADDRESS: _____

RELATIVES OR OTHER PERSONS TO CONTACT IN AN EMERGENCY SITUATION:

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE: _____

PHONE: _____

RELATIONSHIP: _____

RELATIONSHIP: _____

NAME: _____

NAME: _____

ADDRESS: _____

ADDRESS: _____

PHONE:

LITTLE TOTS II TEEN

1160 POST ROAD WARWICK, R.I. 02888

(401) 781-1870

PERMISSION & MEDICAL FORM

CHILD'S NAME: _____

PARENT'S NAME: _____

PHONE NUMBER: (HOME) _____

(WORK) _____

(CELL) _____

IN CASE OF AN EMERGENCY, PLEASE TRANSPORT MY CHILD TO

_____ **HOSPITAL.**

MY CHILD'S PEDIATRICIAN IS: _____

PHONE NUMBER: _____

INSURANCE COMPANY: _____

POLICY NUMBER: _____

WHO'S NAME IS INSURANCE UNDER? _____