

2016-2017

EARLY CHILDHOOD PRESCHOOL AUTHORIZATION FORM

Authorization for Pediatric – Emergency – Medical and/or Surgical Treatment

Explanation: It is the firm hope that the authorization granted by this form would never need to be used. For the safety of your child, however, sound medical practice calls for such authorization. In emergency situations, where for some reason the parents cannot be contacted immediately, this form may be extremely important. The authorization granted by this form would be used only when absolutely necessary and only after every attempt has been made first to contact the parent. Please indicate below two (2) emergency numbers at which we may be able to reach one of the parents or obtain information as to their whereabouts. We find that doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from the parents. As you know, time can be a factor in being of assistance to your child when medical attention is needed, and this will assure us that no time will be lost in giving immediate treatment.

AUTHORIZATION

In the event my child requires medical care (and the determination thereof shall rest solely with the JCC), I hereby authorize the doctor and/or hospital to which he/she may be brought to take and perform all necessary life-saving procedures and render any indicated life-saving treatment. This includes the administration of anesthesia if needed, and the performance of an operation, if in the opinion of said doctor or doctors the same is necessary, to save my child’s life while he/she is under the JCC jurisdiction. The undersigned agrees to indemnify and hold harmless the JCC collectively and individually as well as its employees and agents against any claims arising out of or related to actions taken by the JCC and/or its employees and agents pursuant to this authorization.

Signed _____ Relationship to Child _____ Date _____

Name of Child _____ Birthdate _____ Phone _____

Address _____ City _____ Zip _____

Cell Phone _____

NAME OF INSURANCE CO.

PHONE NUMBER

HOSPITALIZATION POLICY NO.

