

The Neighborhood Learning Center

AUTHORIZATION FOR EMERGENCY TREATMENT – 2019

The Neighborhood Learning Center has my permission, in an emergency when I, or the legal guardian or designated emergency contact cannot be contacted, to take my child to the nearest appropriate medical facility, and the facility and its medical staff have my authorization to provide treatment that a physician deems necessary for the well-being of my child. I agree to accept the financial responsibility for all medical expenses incurred. *NOTE:* All parents and guardians are responsible for maintaining this consent form as it cannot be maintained by the hospital.

Child's Name:		
Child's Date of Birth:		
Child's Allergies (if any), type of reaction, an	d action to be taken in case	e of exposure:
Child's Medications:		
Outstanding Medical History (ex// diabetes, h	heart disease, etc.):	
Insurance Information: Insurance Company:		
ID/Policy Number:		
Subscriber's Name:		
Subscriber's Place of Employmen	t & Phone Number:	
Your Signature	Relationship	Date
Print Name		