The Neighborhood Learning Center

AUTHORIZATION FOR EMERGENCY TREATMENT – 2024-2025

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, and action to be taken in case of exposure:

_____

_____

Child's Medications: _____

Outstanding Medical History (ex// diabetes, heart disease, etc.):

_____

Insurance Information:

Insurance Company: _____

ID/Policy Number: _____

Subscriber's Name: _____

Subscriber's Place of Employment & Phone Number: _____

_____

_____ _____ _____

Your Signature Relationship Date

_____

Print Name