



# Parent Authorization

# Return

## Authorization for Emergency Medical and First Aid

I hereby authorize the staff and Director, representing *Granny's Schoolhouse* to give consent for any and all necessary emergency medical and first aid care for my child \_\_\_\_\_ while he/she is in custody of *Granny's Schoolhouse*.

Signature of Parent/Guardian: \_\_\_\_\_

State of Kansas County of \_\_\_\_\_

Subscribed and sworn to before me on this \_\_\_\_\_ day \_\_\_\_\_, 20\_\_\_\_

Who is personally known to me or has produced \_\_\_\_\_ for identification.

Who did/did not take an oath.

Notary Public Stamp

Notary Public (signature) \_\_\_\_\_

Notary Public (print) \_\_\_\_\_

My commission number is: \_\_\_\_\_

My commission expires on: \_\_\_\_\_

Child's Physician \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

Hospital Preference \_\_\_\_\_

### Emergency Phone Numbers:

Home \_\_\_\_\_

Father/Guardian Work \_\_\_\_\_ Cell \_\_\_\_\_

Mother/Guardian Work \_\_\_\_\_ Cell \_\_\_\_\_

Do you have Health Insurance?  Yes  No

Policy Name and Number \_\_\_\_\_

Do you receive Medical Assistance?  Yes  No

Program and Card Name \_\_\_\_\_

Is child eligible for Military Medical Care?  Yes  No ID Number \_\_\_\_\_

### Medical Information on Child

Drug Allergies \_\_\_\_\_

Last Tetanus Toxoid \_\_\_\_\_

This completed form must be returned to the Director prior to your child's attendance.