

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for the director or person in charge at St. Jerome Little Lions Learning Center to take:

Name of Child _____

To:

Name of Doctor _____ Telephone _____

Address of Doctor _____

Or to:

Name of Hospital or Clinic _____ Telephone _____

Address of Hospital or Clinic _____

I give consent for necessary emergency treatment when my child is in the care of this physician or hospital or clinic.

Signature of Parent or Legal Guardian _____ Date _____

Texas Department of Protective and Regulatory Services, Form 2904