



Emergency Medical Authorization Form

I hereby give my permission for my child/children _____ to be given emergency treatment (First Aid & CPR) by a qualified staff member at Stepping Stones Learning Center. I also give my permission for my child/children to be transported by ambulance, aid car, or staff car to an emergency center for treatment.

In the event that I cannot be contacted, I further consent to the medical, surgical and hospital care treatment and procedures to be performed for my child by a licensed physician or hospital when deemed immediately necessary or advisable by the physician to safeguard my child's health. If I do not specify a specific hospital, physician, or dentist, I authorize SSLC to obtain emergency medical care at

Swedish SW ER, located at 6196 S Ammons Way, 80123 p. 303-932-6911

Littleton Pediatric located at 8340 S. Sangre De Cristo Rd. 80127 p. 303-979-8011

Kids to College Pediatric Dentistry located at 10146 W. San Juan Way 80127 p, 720-900-1034

In case of emergency, and if emergency transportation is needed, I agree to pay all costs, including transportation. SSLC will not be held liable for costs or outcomes related to obtaining emergency care for my child.

Child's Pediatrician Name, Address, and Phone

Child's Preferred Hospital Name, Address, and Phone

Child's Dentist Name, Address, and Phone

Parent/Guardian's Name, Signature and Date
