



Emergency Medical Authorization Form

I hereby give my permission for my child/children _____
may 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.

In case of emergency, and if emergency transportation is needed, I _____
agree to pay all costs, including transportation.

Child's Dentist / phone # _____

Child's Physician _____

Physician's Address & # _____

Preferred Hospital _____

Hospital Address _____

Clinic or hospital phone number _____

Medical insurance _____

Insurance numbers _____

Father's name _____

Father's signature _____ Date _____

Mother's name _____

Mother's signature _____ Date _____