

Baby, Toddler and Preschool Land

1101 Park Street, SE, Vienna, VA 22180 ~ (703) 938-5955
10400 Fairfax Village Drive, Fairfax, VA 22030 ~ (703) 279-7188

AUTHORIZATION FOR EMERGENCY TREATMENT

I, _____ give permission for the Administrator, Director, acting Director, or teacher to take whatever steps necessary for medical care in case of any medical emergency. It is my understanding that the order of actions taken will be the following (unless there is need for immediate action, in which case 911 will be called first) :

1. Parent or guardian will be called.
2. Child's physician will be called.
3. Call emergency contact persons, listed on the registration form.
4. If none of these efforts are successful:
 - a. Another physician will be called.
 - b. An ambulance will be called
 - c. The child will be taken the emergency room of Fairfax Hospital. Your child will be accompanied by a staff member.

In the event that an emergency does arise, and I _____ (parent or guardian) cannot be reached. I authorize Baby, Toddler, and Preschool Land to obtain immediate medical care. I understand that I, _____, will be responsible for the cost of any emergency medical care. My insurance company is _____ and our policy number is _____. My child's physician is _____, and his/her number is _____.

Signature of Parent (s) _____ Date _____
_____ Date _____

Signature of Administrator or Director _____
Date _____