



Authorization for Emergency Medical Care

I hereby give my permission to BookTrails to call a doctor or emergency medical service and for the doctor, hospital or medical service to provide emergency medical or surgical care for my child,

_____.
(Legibly write child's name)

It is understood that the child care provider will make a conscientious effort to locate the parent/guardians and emergency contacts listed on the registration document before any action will be taken. If it is not possible to locate emergency contacts listed treatment will not be delayed. I/we will accept the expense of emergency transportation, medical or surgical treatment.

Parent/Guardian signatures

_____ Date _____

_____ Date _____