



BEACH DAY SCHOOL
. where every child is a star .

Authorization for Emergency Treatment of Minor Child

This document authorizes emergency medical treatment of a minor child (under age 18) in the absence of parent(s) or legal guardian(s). The original completed and signed copy of this form shall be presented by (or on behalf of) the minor. Use one form for each child. *(This completed form is required before the first day of school.)*

AGREEMENT

1. The child day center agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by the center.
2. The parent(s)/guardian(s) authorize the child day center to obtain immediate medical care if any emergency occurs when the parent(s)/guardian(s) cannot be located immediately.
3. In case of a medical emergency, the staff will attempt to contact me, those listed in the *Child Emergency Contact and Release List*, and lastly, my physician.
4. The parent(s)/guardian(s) agree that in case of a medical emergency, the child may receive first aid and/or CPR.
5. The parent(s)/guardian(s) agree that in case of a medical emergency, he/she will be responsible for the emergency medical expenses.
6. The parent(s)/guardian(s) agree to inform the center within 24 hours or the next business day after his child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life-threatening diseases which must be reported immediately.
7. In case of accidental ingestion of a poisonous substance, I consent to my child being treated as directed by the Poison Control Center.

Name of Child _____ DOB: _____

Parent(s) or Legal Guardian(s) Name: _____

Cell Phone: _____ Work Phone: _____

Parent / Spouse Name: _____ Cell Phone: _____

Preferred Hospital Facility: _____



I, _____, parent or legal guardian of _____,

born the _____ day of _____, 20____, do hereby consent to any medical care and the

administration of anesthesia determined by a physician to be necessary for the welfare of my child,

while said child is under the care of Beach Day staff members of Beach Day School, City of Virginia

Beach, State of Virginia, and I am not reasonably available by telephone to give consent.

This authorization is effective from _____ to June 15, 20____.

Please enter current date

Signature of Parent or Legal Guardian, Date

Signature of Witness, Date