



Broward County Child Care Code, Ordinance No. 89-21 Section 7-6.04, states that parents/guardian shall give the school written instructions to follow in the event of an emergency situation, in order to arrange for immediate treatment for the child. In compliance with the above regulation, please fill out the form below for our school records. If you have any questions concerning this matter, please feel free to contact us. Thank you in advance for your cooperation.

**Insurance Company**

**Policy Number**

Child: \_\_\_\_\_

Child's Physician: \_\_\_\_\_

Phone Number

Address: \_\_\_\_\_

Hospital Preferred: \_\_\_\_\_

**Medical History:** Injuries, allergies or medical concerns: \_\_\_\_\_

I hereby certify that I am the parent/guardian of \_\_\_\_\_  
(child's name)

and give my permission for the following:

**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

In order to meet all legal requirements, I hereby authorize the Director of the preschool, or the person in charge in the event of her absence, to give my consent for any and all necessary emergency medical treatment for my child while said child is in said individual's custody.

In the event of serious illness or accident, and I cannot be immediately contacted, I give permission to have my child moved by ambulance or other conveyance to a doctor's office, clinic, or hospital for immediate attention. I assume responsibility for payment of same.

Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

State of Florida

County of \_\_\_\_\_

Sworn to and subscribed before me in the aforementioned State and County this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, personally appeared \_\_\_\_\_, who is personally known to me or who has produced Florida Driver's License # \_\_\_\_\_ as identification and who did not take an oath.

\_\_\_\_\_  
Notary Public, State of Florida

Commission Number:

Commission Expires:

(To be renewed yearly)