

PARENT AUTHORIZATION FOR EMERGENCY CARE

If emergency medical care ever becomes necessary, I give permission for my child to receive treatment as the child care center staff, in conjunction with the Purdue University North Central University Police, deems appropriate and necessary.

If the need arises, I hereby give permission for child care center personnel to contact my family physician.

Family Physician _____ Phone _____

Physician's Address _____

If an emergency arises, I hereby give permission for the persons listed below to be contacted. My child may be picked up by these persons in the event that I, the parent or legal guardian, cannot be reached.

1. Name _____ Phone _____

Address _____

Relationship to Child _____

2. Name _____ Phone _____

Address _____

Relationship to Child _____

Note: Picture identification will be required of the parent's or guardian's designee prior to releasing the child.

_____ Date

_____ Signature of Parent or Guardian

Please complete this schedule indicating where you can be located while the child is in the child care center. You must include course name, professor's name, and building and room number.

| | #1 | #2 | #3 | #4 | #5 |
|---------------------|----|----|----|----|----|
| Course Name | | | | | |
| Professor's Name | | | | | |
| Building & Room No. | | | | | |
| Time of Class/Event | | | | | |