

# The School of Grace

## Emergency Care and Authorization

The staff cannot permit a child to leave with anyone not authorized by the parent or guardian signing this application. If a change is necessary, the parent must notify the school in writing.

### Authorized people to pick up my child in the afternoon are:

Name/ Address	Work Phone / Hours	Home Phone / Hours

### Emergency Care Information

**Name of child's doctor:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

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

**Name of child's dentist:** \_\_\_\_\_ **Office Phone:** \_\_\_\_\_

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

**Hospital Preference:** \_\_\_\_\_

**Insurance Carrier:** \_\_\_\_\_ **Policy #** \_\_\_\_\_

### **Responsible Party to call in case of emergency, if neither the father, mother or guardian can be contacted:**

Name / Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name / Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

Name / Relationship: \_\_\_\_\_ Phone \_\_\_\_\_

**I agree that the Director may authorize the physician of his/her choice to provide emergency care in the event that neither the family physician nor I can be contacted immediately.**

Parent 1 Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent 2 Signature \_\_\_\_\_ Date \_\_\_\_\_