



NIKKI'S CHRISTIAN ACADEMY

As of January 2024

Nikki's Christian Academy

Empowering Young Minds • Strengthening Families

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CHILD'S EMERGENCY MEDICAL AUTHORIZATION

Name of Child _____ Date of Birth _____

Name of Parent(s) or Guardian _____

Home Address _____ Telephone _____

Place of Mother's Employment _____

Address _____ Telephone _____

Place of Father's Employment _____

Address _____ Telephone _____

The parent(s)/guardian authorizes Nikki's Christian Academy . _____
Name of Licensed Provider

to obtain immediate care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of surgery on, and/or the administration of drugs to his/her child if an emergency occurs when he/she cannot be located immediately, with the following exceptions: _____

It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. I/we will be responsible for payment of medical care expenses. ____ Yes ____ No

2. Medical treatment costs are covered by:

a. Medical Insurance:

Name of Insurance Company: _____

Identification Number: _____

Group Number: _____

b. No Insurance: _____

Child's Physician _____ Telephone _____

Address _____

Signature of Parent or Guardian _____

Date _____

This form is to be kept by the licensed family day provider and is to be taken to the doctor or treatment facility in case of emergency.