



As of August 2022

# Nikki's Christian Daycare & Learning Center, Inc.

**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 Daycare and Learning Center, Inc.  
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.

COMMONWEALTH OF VIRGINIA

DEPARTMENT OF SOCIAL SERVICES

032-05-338/6 (1/05)