



**Dependable Affordable Daycare  
and Learning Center**

*"Where your child's care is our top priority"*

# EMERGENCY MEDICAL SERVICE AUTHORIZATION

I hereby give Dependable Affordable Daycare and Learning Center (DAD) permission to take my child, \_\_\_\_\_ to a hospital for medical treatment when you are unable to get in contact me or any of my emergency contacts listed. DAD shall be authorized to secure medical attention and care for the child as may be necessary. I further agree to be fully responsible for all medical expenses incurred during the treatment of my child. I agree to keep the facility informed of significant changes in contact and emergency contact information, where someone can be reached. The facility agrees to keep me informed of any incidents requiring professional medical attention involving my child.

***Note:** Many emergency services personnel often require notarized authorization in order to proceed with care. Please request from your provider and complete a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detail information.*

## **Child's Primary Source of Health Care**

Physician/Clinic Name: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

## **MEDICAL FACILITIES DAD USES IN EMERGENCY:**

Children's Healthcare of Atlanta at Mt. Zion (CHOA) ♦ 2201 Mt. Zion Parkway Morrow ♦ 404-785-8660

Southern Regional Medical Center ♦ 11 Upper Riverdale Road, SW Riverdale ♦ 770-991-8000

## **Any Known Medical Conditions and Special Needs (Diabetes, Asthma, etc.):**

\_\_\_\_\_  
\_\_\_\_\_

## **Current Prescribed Medication(s):**

\_\_\_\_\_  
\_\_\_\_\_

## **Any Allergies?**

\_\_\_\_\_  
\_\_\_\_\_

**Please read the statement below and initial the box to the left if you have provided this information.**

My child has known allergies and/or other medical problems. I have requested from my provider and completed a **MEDICAL CARE AND EMERGENCY CONTACT INFORMATION** form in order to provide this detail information.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DAD Administrator:** \_\_\_\_\_ **Date:** \_\_\_\_\_