SOUTHERN METHODIST UNIVERSITY CHILD CARE CENTER
AUTHORIZATION FOR EMERGENCY MEDICAL CARE

In order to meet all legal requirements for medical treatment of my child(ren), I hereby authorize the Director or the Lead Teacher, representative(s) of SMU Preschool and Day Care Center, to give consent for any and all necessary emergency medical care for my minor child(ren),____
____, while said child(ren) is (are) in said SMU's custody. I understand and agree that such medical treatment shall be provided at my expense.

Please identify all known allergies of child(ren) to foods, drugs, insect bites, dust, etc., and the nature of his/her reaction (if none, please put N/A):____
____.

If child(ren) is (are) presently taking medication, please identify the medication and the reason for its use (if non, please put N/A):____
____.

I understand that it is my responsibility to keep Center apprised of changes in child(ren)'s medications as they occur from time to time.

This authorization______does,______does not(Check one) include authority to consent to provide my child(ren) with blood or blood products.

____
Signature of Parent or Guardian Date

State of Texas §
County of_________ §

Before me, the undersigned authority, on this day personally appeared______________, know to me to be the person whose name is subscribed above, and acknowledged to me that he/she executed the same for the purpose therein expressed.

Sworn and subscribed to before me on this______day of_________________,20__.

____
Notary Public in and for
________________________County, ___________

My Comission Expires:
____

____
Printed Name of Notary

- -

Physician____

Address____Phone________________________________

Emergency Phone #'s:_____________________Home:____

Father (work):______________________________Mother (work):_________________________________

Other:____
Name Relationship Phone