

Emergency Medical Authorization

Should _____ suffer an injury or illness while receiving Homeschool Haven's services and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep the facility informed of changes in the telephone numbers, etc. where I (we) can be reached. The facility agrees to keep me (us) informed of any incidents requiring professional medical attention involving my (our) child.

Unless otherwise informed by the parents and/or legal guardians, your child will be taken to Children's Healthcare of Atlanta if a medical emergency occurs which requires professional medical attention.

Child's primary source of healthcare is:

Name of Physician/Clinic/Hospital	Telephone
-----------------------------------	-----------

Known medical conditions (i.e. diabetic, asthmatic, any allergies):

Known medications to which child is allergic (i.e. codeine, penicillin etc.):

Special instructions for medications currently taking or prescribed:

Parent/Guardian Signature

Date

Phone Numbers:

(w) _____

(c) _____

(h) _____