

**North Shore Preschool and Child Care**

**Authorization for the Treatment of Minor Children in the Absence of Parent/Guardian**

I, the parent/guardian of the following minor child, authorize North Shore Preschool and Child Care, LLC to act on my behalf in case my child is a victim of accident, injury, or illness when immediate medical or surgical care is needed; provided NSPCC makes diligent efforts first to notify me of the situation and obtains my preferences and consent. If such efforts to get in touch with me are unsuccessful, I authorize North Shore Preschool and Child Care, LLC to take such actions and give such consent on my behalf as their judgment.

I understand that I am responsible to have health insurance coverage for my child. I understand that I and/or my insurance provider are to cover the entire expense of any incidents occurring to my child. NSPCC's insurance does not cover the cost for incidents that occur to children while in our care, unless it is due to the negligence of the staff.

I prefer the following physician treat my minor child:

Physician Name	Phone
Address	

Preferred Hospital: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a life threatening emergency and/or the hospital preference is not selected, I authorize NSPCC to seek care for my child at the nearest hospital: \_\_\_\_\_ located at \_\_\_\_\_

Name of Child \_\_\_\_\_

DOB \_\_\_\_\_ Date of last DTP \_\_\_\_\_

HealthCare Plan \_\_\_\_\_ Insurance Carrier \_\_\_\_\_

Name of Primary Carrier \_\_\_\_\_

Group # \_\_\_\_\_ Insured # \_\_\_\_\_

Phone # \_\_\_\_\_ Date \_\_\_\_\_

Parent Signature \_\_\_\_\_