

St. Joseph Early Learning Center

412 East Kellett Street ~ Martinsburg, MO 65264

Phone 573-492-6398

EMERGENCY MEDICAL AUTHORIZATION FORM

Dear Parents:

This form is needed in case St. Joseph Early Learning Center is unable to reach you or your emergency contacts listed on the enrollment form in case of a medical emergency involving your child. Please indicate the your preferred doctor and hospital so that we are able to get your child where you want them to go.

We/I _____ give permission for St. Joseph Early

Learning Center to seek emergency medical care for my child

_____.

Preferred Hospital _____ Phone Number _____

Preferred Doctor _____ Phone Number _____

Parent Signature _____

Parent Signature _____