

Bridgewater Child Care Center
420 College View Drive
Bridgewater, VA 22812
540-810-7821
bccc@bwcob.org, Bwcob.org/BCCC

Child's Emergency Medical Authorization

Name of Child: _____ Date of Birth: _____

Name of Parents/Guardians: _____

Home Address: _____

Home Phone #: _____ Cell #: _____

Place of Mother's Employment: _____

Address and Phone Number: _____

Place of Father's Employment: _____

Address and Phone Number: _____

The parents/guardians authorize Bridgewater Child Care Center to obtain immediate medical care and consents to the hospitalization of, the performance of necessary diagnostic tests upon, the use of emergency surgery on and or the administration of drugs to, his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise, he/she expects to be notified immediately.

I/we will be responsible for payment of medical care expenses. _____
Signature

Medical treatment costs are covered by: _____

Private Insurance (name/policy#): _____

Medical coverage Number: _____

Other Medical Insurance _____

Name of Company:

Policy Number: _____

Child's Physician or clinic attended: _____

(Signature of parent/guardian)

(Date)