



Learning Time Station

2301 Mesquite Valley Rd
Mesquite TX 75149
Phone (972) 222-9400
Fax (972) 222-0871

AUTHORIZATION FOR EMERGENCY MEDICAL CARE

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give my permission for the Learning Time Station director or person in charge to take my child

_____ to:

Physician: _____ Phone: _____

Address: _____ City/State/Zip: _____

Or to:

Hospital: _____ Phone: _____

Address: _____ City/State/Zip: _____

I give consent for necessary emergency treatment when my child is in the care of this physician/hospital/clinic:

Signature (Parent or Legal Guardian) Date

Please list any:

Allergies or special needs? _____

Existing illnesses, previous serious illnesses and/or injuries? _____

Hospitalizations during the past 12 months? _____

Daily medications or medications prescribed for long-term use? _____

Dietary Restrictions? _____

Disabilities? _____

Special fears or problems? _____

When your child is upset, what helps to comfort him/her? _____

Signature (Parent or Legal Guardian) Date