

Country Acres Child Development Center
 420 Old Decatur Road
 Saginaw, Texas 76179

MUST
 Attach Wallet Size Picture
HERE
 Prior to enrollment and annually

Can be emailed to:
 countryacreschildcare@yahoo.com

Appointment of Agent

I, _____ hereby

(Name and relationship to child)

appoint Country Acres Child Development Center, its Representatives and/or Employees as my lawful Agent and Representative for the purpose of authorizing and consenting to hospital care and/or medical care and treatment of _____ for any illness or injury that may occur while my child is in the

(Name of child to be treated)

and custody of Country Acres Child Development Center. This appointment shall be effective during the time my child is in the care of Country Acres Child Development Center while I am away at work, or otherwise not immediately available to give consent for the medical care and treatment of my child. I, as Parent or Guardian, do acknowledge and agree that I will be responsible for any and all charges incurred for treatment by the treatment facility/ambulance service/doctor.

Allergies (food, environmental, medications) _____

(THESE REQUIRE AN ALLERGY EMERGENCY PLAN SIGEND BY A PHYSICIAN)

Last Tetanus Toxoid date _____

Child's Date of Birth _____

List any medical information that might affect emergency care of your child including previous hospitalizations, convulsions, illnesses, injuries, diseases or any special problems or special care needs. Please list any long-term medications your child is on:

AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION		
In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:		
Name of Physician:	Address:	Phone Number:
Name of Emergency Care Facility:	Address:	Phone Number:
I give consent for the facility to secure any and all necessary emergency medical care for my child.		
Signature- Parent or Legal Guardian:		Date: