



MEDICAL EMERGENCY RELEASE

In the event of a medical emergency, every effort will be made to contact either or both of the parents or legal guardian or, failing to contact them, the child's pediatrician as listed below, prior to taking any other action. Emergency medical treatment will be engaged if, and only if, all efforts to contact either or both of the parents or legal guardian and the child's pediatrician have failed and, in the judgment of Happy Tots Child Day Care Center, Incorporated, further delays in medical treatment could potentially jeopardize the child's health or otherwise adversely affect the child. In such an event Happy Tots Child Care Center, Incorporated will only attempt to contact the parents or legal guardian of the child and the child's pediatrician. Although we request information on other persons, either relatives or friends, to contact in the event of an emergency, such contact will be made only after exhausting all attempts to contact the parents or legal guardian and the child's pediatrician and only after medical treatment has been sought. Under no circumstances will Happy Tots Child Care Center, incorporated solicit and/or accept instructions for the medical treatment of the child from persons other than the parents or legal guardian.

By signing this form where indicated below, you hereby authorize Happy Tots Child Care Center, Incorporated to contract on your behalf any and all medical services Happy Tots Child Care Center, Incorporated deems necessary, including, but not limited to, ambulances, physicians and hospitals, in the event that a medical emergency involving your child does occur. It is understood by all parties that payment for such services shall be the sole responsibility of the parent or legal guardian.

Furthermore, by signing this form you hereby authorize any and all medical services contracted on your behalf by Happy Tots Child Care Center, Incorporated, including but not limited to, emergency medical technicians, physicians, nurses and hospitals licensed by the State of New York and/or the County of Westchester, to render treatment to your child in whatever manner is deemed necessary by the emergency medical technician, medical institution and its staff or physicians as dictated by the illness or injury.

MEDICAL EMERGENCY INFORMATION

Child's Name: _____

Date of Birth: _____ Blood Type: _____

Existing Medical Conditions: _____

Know Allergies: _____

Pediatrician (Name/Address/Tel#): _____

Mother's Signature /Date

Father's Signature /Date

Legal Guardian's/Date

NOTE: If divorced or separated, signatures for both mother and father are required