



## CRYSTAL DAY CARE

### **EMERGENCY MEDICAL AUTHORIZATION**

I, \_\_\_\_\_, hereby give permission to Crystal Day Care to call for emergency medical services or a doctor for medical or surgical care, should an emergency arise involving my child, \_\_\_\_\_.  
My medical insurance policy is with \_\_\_\_\_ company, and my policy # is \_\_\_\_\_. It is understood that conscientious effort will be made to locate me or my spouse, (spouse's name please print) \_\_\_\_\_ before any action is taken. If it is not possible to locate us, emergency expenses incurred will be accepted by us.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**PLEASE ATTACH A COPY OF THE FRONT AND BACK OF YOUR INSURANCE CARD TO THIS AUTHORIZATION.**

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### **FIELD TRIP AUTHORIZATION**

I, \_\_\_\_\_, hereby give permission for my child, \_\_\_\_\_ to go on trips (either by foot, buggy or vehicle) away from Crystal Day Care's premises, under supervision. Also, to be assisted in case of an emergency situation that requires evacuation and transportation in a vehicle.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date