

**Callier Child Development Program  
Authorization for Emergency Medical Care**

Enrollment file copy  
 Field trip Copy

In case of accidental injury or emergency illness, if a parent cannot be contacted, I hereby authorize the Callier Child Development Program to give consent or take any and all actions as in their judgment may be necessary to provide emergency medical care for my child, \_\_\_\_\_ while said child is in their custody. If the child's physician cannot be contacted or to avoid delay in treatment, my child may be taken to the nearest medical facility. I release the Callier Child Development Program from liability resulting from these actions.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name of Parent \_\_\_\_\_

Name of child's physician \_\_\_\_\_ Address \_\_\_\_\_ Telephone \_\_\_\_\_

Insurance provider/policy information: \_\_\_\_\_