

**ALL GOD'S CHILDREN ENRICHMENT CENTER  
EMERGENCY MEDICAL AUTHORIZATION**

SHOULD \_\_\_\_\_, \_\_\_\_\_  
(Name of child) (Date of birth)

suffer an injury or illness while in the care of All God's Children and the facility is unable to contact me (us) immediately, it shall be authorized to secure such medical attention and care for the as may be necessary.

I (we) agree to keep the facility informed of changes in telephone numbers, etc. where I (we) can be reached.

The facility agrees to keep me (us) informed of any incidents requiring professional medical attention involving my child.

Child's primary source of health care is:

\_\_\_\_\_  
(Physician/clinic's name) (Telephone number)

Known medical condition's (i.e. diabetic, asthmatic, drug allergies):

\_\_\_\_\_

Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_

Current Telephone # \_\_\_\_\_