

**EDWARD & THELMA GLANTZ  
EARLY CHILDHOOD LEARNING CENTER**

Dear Parent:

We are asking that you complete this consent form, to be used in the event of an emergency. It is our hope and expectation that we will never have the need to use this form. Of course, every effort will be made to contact you; your spouse and/or emergency contact person if an emergency arises.

**AUTHORIZATION FOR EMERGENCY - MEDICAL AND/OR  
SURGICAL TREATMENT**

In case of an emergency, I hereby authorize the doctor or the hospital to which my child is brought (and whomever they may designate as their assistants) to perform any emergency procedure or operation, to give treatment and the administration of an anesthetic to my child during his/her stay in the Edward & Thelma Glantz Early Childhood Program.

I have read the above authorization.

**SIGNED** \_\_\_\_\_ **DATE** \_\_\_\_\_

**RELATIONSHIP TO CHILD** \_\_\_\_\_ **PHONE#** \_\_\_\_\_

**NAME OF CHILD** \_\_\_\_\_ **AGE** \_\_\_\_\_ **SEX** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**Allergies** \_\_\_\_\_

**Is your child covered by hospitalization insurance?** \_\_\_\_\_

**Name of Insurance Plan** \_\_\_\_\_ **Policy#** \_\_\_\_\_

**Name of Insured (Policy Holder)** \_\_\_\_\_

**Person to be contacted in case of emergency:**

**Name** \_\_\_\_\_ **Phone #** \_\_\_\_\_

**Relationship to Child:** \_\_\_\_\_