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Authorization For Emergency Medical Care

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for Coppell Early Care and Education and its staff to take my child:

Child's Name _____ Date of Birth _____

To:

Name of Doctor _____ Phone Number _____
Address _____

or to:

Name of Hospital _____ Phone Number _____
Address _____

Please list any known allergies or illness that would conflict with emergency care or treatment:

Parent Signature _____ Date _____

Please attach a current photo of your child.

You don't stop playing because you grow old, you grow old when you stop playing