



Office of the



State Superintendent of Education

PLEASE TYPE OR PRINT

**AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT**

If my child \_\_\_\_\_, born on \_\_\_\_\_, becomes ill or involved in an accident and I cannot be contacted, I authorize the following hospital or physician to give the emergency medical treatment required:

Hospital: \_\_\_\_\_

Address: \_\_\_\_\_

OR:

Physician: \_\_\_\_\_ M.D. Telephone No: \_\_\_\_\_  
(Area Code)

Address: \_\_\_\_\_

I give permission to \_\_\_\_\_, located at \_\_\_\_\_, to take my child for treatment.  
Name of Facility or Caretaker

I accept responsibility for any necessary expense incurred in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ Relationship to Child: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Coverage: \_\_\_\_\_

Medicaid Number: \_\_\_\_\_ State:  DC  MD  VA

Child's Known Allergies or Physical Conditions: \_\_\_\_\_

Signature:  Relationship to Child: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_  
Home Business Pager/Cell Phone

Date: \_\_\_\_\_ Date Updated: \_\_\_\_\_  
Month/Day/Year Month/Day/Year



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## TRAVEL AND ACTIVITY AUTHORIZATION

Blanket permission for all given activities

I, \_\_\_\_\_ parent/guardian of  
Name of Parent/Guardian

\_\_\_\_\_ give my permission to  
Name of Child

\_\_\_\_\_ for my child to participate in  
the following activities:

**Trips in the van/automobile** (facility or parent -owned)

***Not Applicable***

\_\_\_\_\_ Explain planned activity — where and when

**Field trips away from the facility**

***We will send a separate permission form***

\_\_\_\_\_ Explain planned activity — where and when

I understand that the facility will use the appropriate child restraint devices and abide by all District of Columbia safety rules when my child is transported in a vehicle. The facility will also notify me each time that my child is to participate in an activity that would involve transportation.

In addition, if the facility has planned activities outside the fenced area of the facility,

I will allow my child to play outside the fenced area; or \_\_\_\_\_

I will not allow my child to play outside the fenced area.

This authorization is valid from \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ to \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date Signed

**NOTE: Place on file in child's folder/record**