



600 S. Jupiter Road, Richardson, Texas 75081
972-231-1218

EMERGENCY MEDICAL AUTHORIZATION

In the event I cannot be reached to make arrangements for emergency medical care for my child at the time of illness and/or accident, I give permission to Little Disciples Early Learning and its staff to take my child (or children):

_____ and/or _____
child's name child's name

to:

_____ phone: _____
doctor's name

_____ address of doctor

or to:

_____ phone: _____
hospital or clinic

_____ address of hospital or clinic

If neither of the above can be reached, I authorize Little Disciples Early Learning and its staff to call another licensed physician and I agree to be responsible for the fees, medical and otherwise.

_____ date _____ signature of parent or guardian

State of Texas
County of Dallas

Subscribed and sworn before me, a Notary Public in and for Dallas County, Texas this

_____ day of _____, 20_____

_____ My term expires _____

Signature of notary