

**EMERGENCY PROFESSIONAL MEDICAL SERVICE AUTHORIZATION**

I, \_\_\_\_\_, (parent or legal guardian) give authorization for the staff of Pooh Corner Center to seek emergency professional medical attention for \_\_\_\_\_ (child's name) in case of accident/injury while my child is in the care of Pooh Corner Center. This authorization is to be used only in those cases where emergency medical attention should not be delayed and the center has either not been able to contact me or I am unable to be present to give personal authorization. Child's Birthdate \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Number \_\_\_\_\_

Mother's Cell Number \_\_\_\_\_ Father's Cell Number \_\_\_\_\_

Home Phone Number \_\_\_\_\_

Child's Physician's Name \_\_\_\_\_

Child's Physician's Number \_\_\_\_\_

Any Known Allergies \_\_\_\_\_

Date \_\_\_\_\_  
Parent's (or Legal Guardian's) Signature \_\_\_\_\_

Signed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_ in Hanover, Virginia

\_\_\_\_\_  
Notary Public

My Commission Expires: September 30, 2012 Notary Registration Number: