

JUNIOR'S JUNCTION CHILD CARE CENTER
2249 E. LOOP 820 NORTH
FT. WORTH, TEXAS 76118
817-284-1221

EMERGENCY COMMUNICATION AND AUTHORIZATION FORM

Child's Name _____ Birth Date _____

Mother's Name _____

Business Phone (____) _____ Cell / Pager (____) _____

Father's Name _____

Business Phone (____) _____ Cell / Pager (____) _____

In case of an emergency in which the parents cannot be reached, please call:

Name _____ Relationship _____ Driver's Lic # _____

Home Phone (____) _____ Business Phone (____) _____ Cell / Pager (____) _____

*******SPECIAL EMERGENCY REFERRAL INSTRUCTIONS*******

Allergies _____ **Medications** _____

Doctor

Address

Phone

Hospital

Address

Phone

*I hereby authorize JUNIOR'S JUNCTION CHILDCARE CENTER to take my child to the above named physician or facility for medical treatment in the event of an emergency in which neither parent can be reached.

Parent Signature

Date

*I hereby authorize any licensed physician or medical treatment center to treat my child in case of an emergency in which the above named physician cannot be reached.

Parent Signature

Date