THE MARLOWE SCHOOL, LLC

Emergency Medical Authorization

Should _____, _____ suffer an injury or illness while in the
Name of Child Date of Birth
care of The Marlowe School, LLC, and the facility is unable to contact me immediately, the responsible person at The Marlowe School shall be authorized to secure such medical attention and care for the child as may be necessary. I (we) agree to keep The Marlowe School informed of change of telephone numbers, etc. where I can be reached.
The Marlowe School agrees to keep me informed any incidents requiring professional medical attention involving my child.

Parent/Guardian Signature _____ Date _____

Child's primary source of health care is:

Physician's Name _____ Phone _____

Hospital Preference _____

Known medical conditions (i.e. diabetic, asthmatic, drug allergies):
_____
_____

IN EMERGENCIES REQUIRING IMMEDIATE MEDICAL ATTENTION, YOUR CHILD WILL BE TRANSPORTED BY AMBULANCE TO THE NEARST HOSPITAL. YOUR SIGNATURE AUTHORIZES THE RESPONSIBLE PERSON AT THE MARLOWE SCHOOL TO HAVE YOUR CHILD TRANSPORTED TO THAT HOSPITAL. IN ADDITION, THE PERSONS YOU HAVE INDICATED TO BE CONTACTED IN AN EMERGENCY ARE AUTHORIZED TO TRANSPORT YOUR CHILD TO YOUR HOSPITAL PREFERENCE.

Parent/Guardian Signature _____ Date _____

IN THE EVENT THAT YOU (THE PARENTS OR THE GUARDIANS) CANNOT BE CONTACTED IMMEDIATELY IN AN EMERGENCY SITUATION, DO YOU AUTHORIZE THE EMERGENCY ROOM STAFF AT THE NEARST HOSPITAL TO PROVIDE EMERGENCY CARE FOR YOUR CHILD? YOUR SIGNATURE AUTHORIZES SUCH EMERGENCY CARE.

Parent/Guardian Signature _____ Date _____