



Britters' Critters Daycare

Emergency Medical Treatment Authorization

I give Britters' Critters Daycare, and their employees, permission to obtain emergency medical/dental treatment for my child, _____

(Child's Full Name)

Child's Physician: _____ Phone: _____

Physician's address: _____

Child's Personal Health Number: _____

Primary Parent/Guardian Information:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Secondary Parent/Guardian Information:

Name: _____

Address: _____

Home Phone: _____ Work Phone: _____

Cell Phone: _____

Primary Parent/Guardian signature

Date

Secondary Parent/Guardian signature

Date

Care Provider signature

Date