

Board of County Commissioners, Broward County, Florida
HUMAN SERVICES DEPARTMENT
Community Partnerships Division
Child Care Licensing and Enforcement Section

AUTHORIZATION FOR EMERGENCY TREATMENT

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to _____
Name of Hospital

to administer necessary treatment to my child, _____
Name of Child

in the event of an emergency at which time I cannot be reached. I give consent to transport by ambulance if situation warrants it.

Name of Physician: _____ **Phone:** _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ **Expiration Date:** _____

Signature of Parent or Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____
Name of Person Acknowledged

My Commission Expires:

Signature of Notary Public, State of Florida

Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: _____

#: _____