Public Works and Environmental Services Department
Consumer Protection Division
CHILD CARE LICENSING AND ENFORCEMENT
One North University Drive, Suite A203,
Plantation Florida 33324
954-357-4800 • Fax 954-765-4804

AUTHORIZATION FOR EMERGENCY TREATMENT

I give my consent to _____ to seek
Child Care Facility

necessary medical treatment for my child, _____.
Name of Child

I give my consent to _____ to provide
Name of Hospital/Clinic

necessary medical treatment to my child, _____.
Name of Child

It is the responsibility of the **child care provider** or **parent/guardian** for payment for emergency services.
(circle one)

Name of Child's Physician: _____ Phone: _____

Allergies of Child: _____

Insurance Company Covering Child: _____

Policy Number: _____ Expiration Date: _____

Name of Parent/Legal Guardian: _____

Signature of Parent/Legal Guardian: _____

Date: _____