

Congregation B'nai Jeshurun Barry H. Greene Early Childhood Center

2019-2020 AUTHORIZATION FOR PEDIATRIC-EMERGENCY MEDICAL AND/OR SURGICAL TREATMENT (NOT SAME AS ALLERGY EMERGENCY ACTION FORM)

EXPLANATION: It is the firm hope that the authorization granted on this form will never need to be used. For the safety of the children, however, sound medical practice calls for such authorization in emergency situations. This form may be extremely important in cases, where for some reason the parent of the child cannot be contacted immediately. The authorization granted by this form will be used only when absolutely necessary and only after every attempt has been made to contact the parent first.

We find that doctors and hospitals refuse to give any treatment regardless of how minor, unless they have authorization from parents. As you know, time is a factor in being of assistance to your child where medical attention is needed, and this form would assure us that no time would be lost in giving immediate treatment.

In the event my child requires medical care (and the determination thereof shall rest solely with you), I hereby authorize the doctor and/or doctors and/or hospital to which he/she may be brought, to take and perform all necessary procedures and render any indicated treatment. This includes the administration of anesthesia, if needed, and the performance of an operation, if in the opinion of said doctor or doctors the same is necessary, while he/she is under the jurisdiction of Congregation B'nai Jeshurun.

Parent 1 PRINT NAME: _____ **SIGN NAME:** _____

Relationship to Child: _____ **Child's Name:** _____

Address: _____ **Date:** _____

Cell Phone: _____ **Home Phone:** _____

Parent 1 Employer/Address _____ **Bus. Phone:** _____

Parent 2 PRINT NAME: _____ **Cell Phone:** _____

Parent 2 Employer/Address _____ **Bus. Phone:** _____

Medical or Accident Insurance Company _____

Policy # _____

Address _____

EMERGENCY PHONE NUMBERS

The State of New Jersey mandates a family indicate four(4) LOCAL emergency numbers (other than parents) so that we may locate one of the parents or obtain information as to their whereabouts in case of emergency.

These names/numbers may also be used if a child needs to be picked up due to the sudden onset of illness.

NAME:	EMERGENCY NUMBER	RELATIONSHIP TO CHILD
1. _____	_____	_____
Address: _____		
2. _____	_____	_____
Address: _____		
3. _____	_____	_____
Address: _____		
4. _____	_____	_____
Address: _____		