

GEORGETOWN LAW EARLY LEARNING CENTER
120 F Street, NW
Washington, D.C. 20001
(202) 662-9256

AUTHORIZATION FOR CHILD'S EMERGENCY MEDICAL TREATMENT

If my child, _____ born _____, _____, becomes ill or involved in an accident and I cannot be contacted, I authorize the Georgetown Law Early Learning Center permission to obtain emergency medical treatment for my child for this treatment. I accept responsibility for any necessary expense in the medical treatment of my child, which is not covered by the following:

Health Insurance Company: _____

Policy / Medicaid Number: _____ Coverage: _____

Child's Physician: _____ Phone: _____

On behalf of my child/ward and myself, I release and hold harmless Georgetown University, and all its agents, employees, volunteers, and officers, including all Georgetown Law Early Learning Center representatives, from any and all claims and causes of action for loss of property or injury of any kind arising out of my child/ward's participation in the Georgetown Law Early Learning Center or medical treatment authorized for my child/ward by the Georgetown Law Early Learning Center, unless due to the gross negligence of Georgetown University, its employees, volunteers or officers.

Child's Known Allergies, Physical Conditions, or Special Needs:

I will supply _____ diaper cream and _____ sun screen, to be used for my child, as needed.

I am the parent, legal guardian, or custodian of the child named above and there are no court orders now in effect, which would prohibit me from exercising the power that I now convey. I am giving this consent freely and knowingly in order to provide for the child and not due to pressure, threats or payments by any person or agency.

THIS FORM MUST BE NOTARIZED

Printed Name: _____ Phone: _____

Address: _____ (H) _____

_____ (W) _____

Signature: _____

Subscribed and sworn to before me this _____ day of _____,

_____ Notary Public