Kreayola Kids
LEARNING CENTERS
www.kreayolakidslearningcenters.com

# Medical Authorization To Treat A Minor

Authorization is given to any one of the following:

**Kreayola Kids Centers and staff members acting as agents of Kreayola Kids Center**

From:

Full name of parent(s) or guardian of child

Address and phone number

to consent to unexpected or emergency medical and dental treatment and surgical care for my/our child/children on my/our behalf, and to consent to hospitalization if, at time of injury or illness, it is recommended by a private physician or consulting physician.

| Name(s) of Minors | Birthdates | Allergies & Special Conditions |
|---|---|---|
| 1 | | |
| 2 | | |
| 3 | | |
| 4 | | |

I/We will be responsible for charges incurred for any emergency service, including; ambulance, medical, dental or surgical treatment and/or hospitalization rendered by reason of this authorization.

For further emergency Contact please provide Child's mother and father employer information:

Mother Employer _____

Address_____City_____State _____

Phone_____

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Father Employer _____ Address

City_____State _____

Phone_____

Signature of Parent Date

Signature of Parent Date