



Rhode Island Department of Human Services

Licensed Child Care: Parent Authorization for Emergency Treatment

Updated 01/17/2020

Authorization Statement			
Child Care Provider/Program Name:		Montessori Centre of Barrington, Inc.	
Child's Name:		Date of Birth:	
In consideration of admittance, I hereby authorize <u>Montessori Centre of Barrington, Inc.</u>			
<i>Child Care Provider/Program Name</i>			
located at	<u>303 Sowams Road</u>	<u>Barrington</u> RI <u>02806</u>	
	<i>Number and Street</i>	<i>City/Town</i>	<i>Zip</i>
to arrange for medical examination and/or treatment of my child		<u></u>	
<i>Child's Full Name</i>			
should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.			

Preferred Hospital			
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.			
Name of Hospital:			
Number and Street:		State:	Zip:

Physician and Insurance Information			
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.			
Name of Doctor:		Phone:	
Health Insurance Carrier:		Policy Number:	



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Emergency Contact Information

In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contact and authorized persons must be listed.

Authorized Person: An authorized person can pick up a child from care with no confirmation from a parent/guardian. An authorized person may also be contacted if the program cannot get ahold of the parent.

Emergency Contact: An emergency contact can pick up a child from care **ONLY** if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent.

Please complete the following form listing the authorized and/or emergency contact persons **in the order you wish them to be contacted** (For example: The first contact listed is the first person that will be called if a parent/guardian cannot be reached).

Full Name:			
Relationship:		<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact	
Primary Phone:	()	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	()	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Full Name:			
Relationship:		<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact	
Primary Phone:	()	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	()	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Full Name:			
Relationship:		<input type="checkbox"/> Authorized Pick Up <input type="checkbox"/> Emergency Contact	
Primary Phone:	()	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home
Secondary Phone:	()	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

Parent/Guardian Name (Print)

Relation to Child

Parent/Guardian Signature

Date