



Preschool and
Childcare Center

3020 Court Street

Syracuse, NY 13208

315-471-4198 (phone) 315-471-7825 (Fax)

Authorization for Medical Treatment

Name of Child _____

Birth Date: _____ Age: _____

Identify Allergies or Special Conditions: _____

I, being one of the parents (legal guardians) of the above mentioned child, do hereby appoint:

David M. Cole

Director of The Gingerbread House Preschool and Childcare Center

3020 Court Street, Syracuse, New York 13208

(OR)

Any other Gingerbread House staff member (as needed)

to call the Emergency Authorities to seek medical attention for the above mentioned child.

This document shall be presented to a physician or appropriate hospital representative at such time as unexpected medical care, surgical care, or hospitalization may be required.

This document shall be in effect and continue in effect for as long as the above-mentioned child remains in attendance at The Gingerbread House Preschool and Childcare Center.

Medical Insurance Company _____

Hospitalization Coverage _____

Emergency Hospital Preferred _____

I.D. or Contract / Group Number _____

Family Physician _____ Phone Number _____

Parent's Signature _____ *Date* _____

State of New York
County of Onondaga

On this _____ day of _____, 20____
before me personally came _____
to me known and known to be the individual described in and who executed
the foregoing instrument and acknowledged that he/she executed the same.

(Notary Public)

THIS FORM MUST BE NOTARIZED