



BRANA PLAY SCHOOL
Where curiosity is encouraged!

BRANA PLAY SCHOOL EMERGENCY AUTHORIZATION FORM

Name of Child _____ Nickname _____

Birthdate _____

AUTHORIZATION FOR BRANA PLAY SCHOOL TO CONSENT TO EMERGENCY TREATMENT

We will always try to reach a parent or legal guardian if there is an emergency involving your child. If your child is involved in an accident that we feel is serious, until you reach to school we will take your child to Dr. Alan Karibian or Dr. John Fogarty at Suisse clinic. For more information about Suisse clinic please visit www.suisseclinic.com

I hereby authorize BRANA PLAY SCHOOL to access to medical information and to consent to any medical treatment of the above child in an emergency situation if a parent or legal guardian cannot reasonably be located when accident happen. This authorization will be effective for the current school year.

Parent name _____

Signature of parent or legal guardian _____ Date _____