

West Broward Academy VPK Authorization for Emergency Treatment

Today's Date: _____

To Whom It May Concern:

I hereby give my consent to West Broward Academy VPK to obtain emergency medical treatment to my child _____

Name of Child

in the event of an emergency at which time I cannot be reached or if there is a delay in my arrival. I

give my consent to transport and seek medical treatment to _____ by
Name of Hospital

ambulance if situation warrants it.

Name of Physician: _____ **Phone:** _____

Allergies of Child: _____

Date of Last DPT or Tetanus: _____

Insurance Company Covering Child: _____

Policy Number: _____ **Expiration Date:** _____

Signature of Parent of Legal Guardian

Date

Sworn to and subscribed before me this _____ day of _____, 20____,

by _____
Name of Person Acknowledged

Signature of Notary Public, State of Florida

My Commission Expires:

Print or Type Name of Notary as Commissioned

Personally Known

Produced Identification Type: _____

#: _____