



Field Trip Emergency Procedure Agreement

Child Name: _____ Birthdate: _____

Parent(s)/Guardian(s) Name(s):

Parent 1 Name: _____

Parent 2 Name: _____

The Parent(s)/Guardian(s) authorizes Kaye Kare, Inc staff to obtain immediate medical care and consents to the hospitalization of the performance of necessary diagnostic test upon the use of surgery on and/or the administration of drugs to his/her child or ward if an emergency occurs when he/she cannot be located immediately. It is also understood that this agreement covers only those situations which are true emergencies and only when he/she cannot be reached. Otherwise he/she expects to be notified immediately.

1. Parent(s)/Guardian(s) are responsible for payment of medical care expenses

2. Medical treatment cost is covered by:

a. Blue Cross Blue Shield policy number: _____

b. Medical coverage number: _____

c. Other medical insurance: _____

Name of Insurance Company: _____ No Insurance _____

(Signature of parent/or guardian)

(Date)

This form is to be kept by the day care operator and it is to be taken to the doctor or treatment facility in case of emergency.