



CALVARY
Child Care Center

1215 Ala Aolani St. Honolulu, HI 96819
Phone: 808-834-5728

MEDICAL CARE AUTHORIZATION FORM

Child's Name: _____ Date of Birth: _____

Address: _____ Phone: _____

EMERGENCY CONTACTS:

Parent/Guardian 1: _____
Phone/Email: _____
Relationship: _____

Parent/Guardian 2: _____
Phone/Email: _____
Relationship: _____

Health Concerns: _____

Drug Allergies: _____

Other Allergies: _____

Current Medications:	Purpose:	Dosage:
_____	_____	_____

Activity Restrictions/Limitations or Chronic Ailments:

Health Insurance Carrier: _____ Policy or Medical Record#: _____
Family Doctor: _____ Phone#: _____

(I/We) hereby give permission for my child to participate in the activities of the Calvary Child Care Center.

(I/We), the undersigned parents/legal guardian having legal custody of _____, a minor, do hereby authorize Calvary Child Care Center as agent for the undersigned to consent to any X-ray examination, anesthetic, medical or surgical diagnosis or treatment, and hospital care which is deemed advisable by, and is to be rendered under the general or specific supervision of, any physician or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of any hospital, whether such diagnosis or treatment at the office of said physician or said hospital.

It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority of power on the part of our aforesaid agent(s) to give specific consent to any and all such diagnoses, treatment, or hospital care which a physician, meeting the requirements of this authorization, may, in the exercise of his/her best judgment, deem advisable.

(I/We) hereby authorize any hospital which has provided treatment to the above-named minor to surrender physical custody of such minor to (my, our) above-named agent upon completion of treatment.

These authorizations shall remain effective for the entirety of my child's enrollment at Calvary Child Care Center, unless sooner revoked in writing delivered to said agent(s).

Parent/Guardian Print Name: _____ Date: _____
Parent/Guardian Signature: _____