

# Launchpad for Learning

9400 Transit Road - East Amherst, New York 14051 - 688-1772

## Authorization for Medical Treatment of Minors

If your child becomes injured, and needs emergency treatment it will be necessary for you, as their parent or legal guardian, to give permission in your absence.

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

This will allow the physician or emergency care facility to begin treatment for your child without delay.

I, \_\_\_\_\_, as parent or legal guardian, consent in my absence, that a representative from Launchpad for Learning LLC can authorize medical treatment of my son/daughter.

Child's name \_\_\_\_\_

Address \_\_\_\_\_

Birth date \_\_\_\_\_ Home phone # \_\_\_\_\_

Any allergies or medical conditions? Please explain in detail

\_\_\_\_\_

Any medications taken regularly? Please list \_\_\_\_\_

Childs Physicians' name \_\_\_\_\_ Telephone \_\_\_\_\_

Childs Dentist's name \_\_\_\_\_ Telephone \_\_\_\_\_

Primary medical insurance carrier \_\_\_\_\_ Policy Holder's name \_\_\_\_\_

Policy number \_\_\_\_\_ Group number \_\_\_\_\_ Telephone \_\_\_\_\_

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Cell Number

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Signature of Parent /Guardian

\_\_\_\_\_  
Work Number

\_\_\_\_\_  
Cell Number