

Board of County Commissioners, Broward County, Florida  
**HUMAN SERVICES DEPARTMENT**  
Community Partnerships Division  
Child Care Licensing and Enforcement Section

**AUTHORIZATION FOR EMERGENCY TREATMENT**

Today's Date: \_\_\_\_\_

To Whom It May Concern:

I hereby give my consent to \_\_\_\_\_  
Name of Hospital  
to administer necessary treatment to my child, \_\_\_\_\_  
Name of Child  
in the event of an emergency at which time I cannot be reached. I give consent to transport by  
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 or Legal Guardian

\_\_\_\_\_  
Date

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

by \_\_\_\_\_  
Name of Person Acknowledged

My Commission Expires:

\_\_\_\_\_  
Signature of Notary Public, State of Florida

\_\_\_\_\_  
Print or Type Name of Notary as Commissioned

- Personally Known
- Produced Identification

Type: \_\_\_\_\_

#: \_\_\_\_\_