



**AUTHORIZATION FOR EMERGENCY MEDICAL ATTENTION  
HHSC 746.605 (12)**

Child's Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ School Year: \_\_\_\_\_

In the event I cannot be reached to make arrangements for emergency medical care, I authorize the person in charge to take my child to:

Name of Licensed Physician \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Or to

Name of Emergency Care Facility \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_

I give consent for the facility to secure any and all necessary emergency medical care for my child. I will assume responsibility for resultant expenses.

**I give my permission for the ECEC to administer if necessary-HHSC 746.605 (19)**

Vaseline on my child's face, arms, legs if they are chapped. Yes \_\_\_\_ No \_\_\_\_

Sunscreen/insect repellent (provided by parent/guardian) if they are going to be outside for an extended period. Yes \_\_\_\_ No \_\_\_\_

If my child wears a diaper, to use non-medicated ointment for a diaper rash.  
Yes \_\_\_\_ No \_\_\_\_

I will provide the items for use by my child and label them with their first and last name and the date of purchase.

Signature of Parent or Legal Guardian \_\_\_\_\_

Date \_\_\_\_\_