

**ROSENBLOOM'S FARM
EMERGENCY AUTHORIZATION FORM**

Child's Name

Mother's Name

Father's Name

Address

City/State/Zip

Home Phone

Home#:

Cell#:

Work#:

Home#:

Cell#:

Work#:

Please list at least two people who can be contacted if a parent cannot be reached.

Name: _____ Phone: _____

Name: _____ Phone: _____

Complete the following:

Physician or Clinic Name

Dentist or Clinic Name

Address

City/State/Zip

Phone

Please list any medical conditions or medications your child may be taking.

Please list any known allergies your child may have.

Fill out either Part 1 or Part 2 below. Do not complete both. The form only authorizes the securing of emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of medical or dental treatment, as each emergency facility sets their own treatment procedure.

PART 1 – Permission to Transport Child

I give the Rosenbloom’s Farm my permission to transport my child _____
To _____ for emergency medical care or to _____
for dental care, or to the nearest available source of assistance.

Parent/Guardian Signature _____ Date _____

PART 2 – Refusal to Grant Permission

I do not give permission to The Rosenbloom’s Farm to transport my
child _____ for emergency medical or dental care. In the event of
illness or injury which requires emergency medical or dental treatment, I wish the
following action to be
taken: _____
