



Child Healthcare Power of Attorney

In the event of an emergency, we will make every effort to contact a parent when a child is in need of medical attention. If we ever have a situation where a parent cannot be contacted, we need to be able to take the child to the nearest emergency service.

Please sign the medical power of attorney giving us the authority to take appropriate action on behalf of your child.

I hereby give my consent for my child _____ to be taken to the nearest emergency health care center for medical treatment. I also give my consent for an ambulance to be called when the staff feels it is necessary. I further agree to pay all costs incurred for any medical treatment that my child receives including transportation in an ambulance.

Parent/Guardian

Date

Parent/Guardian

Date

I do not give my consent for any emergency treatment of my child and realize treatment may be delayed in the event Legacy Learning Place cannot reach me.

Parent/Guardian

Date