



# Rhode Island Department of Human Services

## All Providers: Parent Authorization for Emergency Treatment

Updated 01/12/2023

Please ensure that all information on this sheet is completed to comply with regulations.

Authorization Statement			
Family Child Care/ Child Care Center Provider Name:			
Address of Child Care Provider:			
Child's Name:		Date of Birth:	
<p>In consideration of admittance, I hereby authorize _____ <i>Family Child Care/Child Care Center Name</i></p> <p>located at _____ RI _____ <i>Number and Street City/Town Zip</i></p> <p>to arrange for medical examination and/or treatment of my child _____ <i>Child's Full Name</i></p> <p>should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.</p>			
Preferred Hospital			
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.			
Name of Hospital:			
Number and Street:		State:	Zip:
Physician and Insurance Information			
My child uses the following physician for regular care and his/her insurance information is below.			
Name of Doctor:		Phone:	
Address of Physician's Office:			
Health Insurance Carrier:		Policy Number:	
Emergency Contact Information			
<p>In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contacts must be listed.</p> <p><b>Emergency Contact:</b> An emergency contact can pick up a child from care <b>ONLY</b> if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent. <b>Parents/guardians must identify two (2) adults who can be contacted in the event of an emergency if they are unreachable. This information shall be reviewed annually to update any changes.</b></p>			



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Please complete the following form listing the authorized and/or emergency contact persons in the order you wish them to be contacted.

<b>Full Name:</b>			
<b>Relationship:</b>	<input type="checkbox"/> This required emergency contact is also an authorized pickup for my child.		
<b>Address:</b>			
<b>Phone:</b>	(       )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

<b>Full Name:</b>			
<b>Relationship:</b>	<input type="checkbox"/> This required emergency contact is also an authorized pickup for my child.		
<b>Address:</b>			
<b>Phone:</b>	(       )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

<b>Full Name:</b>			
<b>Relationship:</b>	<input type="checkbox"/> This emergency contact is also an authorized pickup for my child.		
<b>Address:</b>			
<b>Phone:</b>	(       )	-	<input type="checkbox"/> Mobile <input type="checkbox"/> Work <input type="checkbox"/> Home

\_\_\_\_\_

Parent/Guardian Name (Print)

\_\_\_\_\_

Relation to Child

\_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date