

# KIDS OF GRACE AT GCPCPA

2228 Princess Anne Road  
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## EMERGENCY MEDICAL CARE AUTHORIZATION

Medical authorization for \_\_\_\_\_  
Name of child

I hereby grant permission for my child to use all of the play equipment and participate in all of the activities of the Kids of Grace program and to leave the premises under the supervision of a staff member for neighborhood walks or field trips in an authorized vehicle.

I hereby grant permission for the Director or other staff member to take whatever steps may be necessary to obtain emergency medical care. These steps may include, but not be limited to, the following:

1. Attempt to contact a parent or guardian or the child's physician
2. If we cannot contact a parent, guardian, or the child's physician, we will do one or both of the following:
  - A. Call the paramedics
  - B. Have the child taken to an emergency hospital in the company of a staff member
3. Any expenses incurred under #2 above will be borne by the child's family.
4. Kids of Grace will not be responsible for anything that may happen as a result of false information given at the time of enrollment.
5. The undersigned further authorizes the above named organization to have the above named minor released into the custody of the organization representative, should medical care no longer be required and the parents or guardians were unable to be contacted.
6. This is for the school calendar year September \_\_\_\_\_ to June \_\_\_\_\_.

\_\_\_\_\_  
Date Parent of Legal Guardian

\_\_\_\_\_  
Date Witness

\_\_\_\_\_  
Date Witness