



TO BE NOTARIZED

AUTHORIZATION TO CONSENT TO TREATMENT OF A MINOR

I, _____, the parent of _____
Name of Parent Name of Child(ren)

authorize Prime Time Early Learning Center to obtain medical treatment for my child in case of emergency. My permission is given to any hospital or doctor to treat my child in case of emergency. Permission for treatment will only be given if I cannot be contacted or if immediate treatment is warranted at the discretion of the attending medical person.

Signed: _____
Parent

Date: _____

Notary Seal: _____

Name of Insured: _____

Insurance Company Name: _____

Policy #: _____