



Crowned Hart Preschools, Inc

Brandts Child Care Center - Brighton Day Academy
Castle Brook Academy – Elkton Academy – Family Partners
CrownedHartPreschools.com

Medical Authorization Form

Child's Name: _____ Date of Birth: _____ M F

Parent or Guardian's Name: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Business Phone: _____

Child's Physician: _____ Phone: _____

Address: _____

Medical Coverage (if applicable) _____ Insurance _____ Medicaid _____ Medicare

Insurance Company: _____ Phone: _____

Child's Allergies: _____

Medication and Dosage: _____

I, _____ hereby give my consent to Brandts Child Care Center to seek emergency medical/dental treatment for my child, _____ and hereby release Brandts Child Care Center of any and all liability as a result of any negligent medical/dental treatment.

Signature of Parent
or Guardian: _____ Date: _____

CERTIFICATE OF ACKNOWLEDGEMENT OF NOTARY PUBLIC

STATE of FLORIDA
COUNTY of ST. JOHNS

On this _____ day of _____, 20 __, before me _____, the undersigned officer, personally appeared _____ known to be the person who is subscribed to me within instrument and acknowledged that he/she executed the same for the purpose herein explained.

IN WITNESS WHEREOF, I have here unto set my hand and official seal.

[Notary Seal, if any]:

Signature of Notary Public
Notary Public for State of FLORIDA
My Commission Expires: _____