

CHALLENGED CHILD AND FRIENDS, INC.
IN CASE OF EMERGENCY/PERMISSION FOR HEALTH CARE
(Must be filled out annually and whenever any identifying data changes.)

Child's Name: _____ Date of Birth: _____
Child's Physician: _____ Phone Number: _____
Physician's Address: _____ City: _____ Zip _____

NAME & ADDRESS OF CUSTODIAL PARENT(S): [Authorized for ongoing and emergency pickup unless prohibited by court documents*]:

Name: _____ Relation to child: _____
Name: _____ Relation to child: _____
Street Address: _____ City: _____ Zip _____
Home Phone: _____ Hours at this number: _____
Dad's work phone: _____ Hours at this number: _____
Mom's work phone: _____ Hours at this number: _____
Mobile/cell phone or pager numbers: _____

FIRST AID: In the event of an emergency, I authorize this staff to provide any first aid care deemed necessary for my child.

Parent/Guardian Signature: _____ Date: _____

EMERGENCY CARE: In the event of an emergency in which I cannot be reached, the physician listed above and the local hospital are hereby authorized to provide any emergency care deemed necessary for my child.

Parent/Guardian Signature: _____ Date: _____

HEALTH RECORD TRANSFER: In the event of an emergency, I hereby authorize the transfer of my child's health record to the local hospital.

Parent/Guardian Signature: _____ Date: _____

THIS POWER SHALL REMAIN IN EFFECT FROM THE DATE OF EXECUTION (ENROLLMENT IN PROGRAM) TO THE DATE OF EXIT FROM PROGRAM, OR UPON THE EXPRESS REVOCATION OF THIS POWER, WHICHEVER SHALL OCCUR FIRST.
I RECOGNIZE AND UNDERSTAND THAT CHALLENGED CHILD AND FRIENDS, INC. SHALL HAVE NO FINANCIAL RESPONSIBILITY FOR ANY TREATMENT PROVIDED PURSUANT TO THIS POWER AND THAT I, THE CHILD'S PARENT OR OUR INSURANCE CARRIER WILL BE RESPONSIBLE FOR SUCH PAYMENTS.

I PROVIDE THE FOLLOWING INFORMATION AS REFERENCE INFORMATION TO MY ATTORNEY IN FACT:

Current diagnosis and medical condition: _____
Current Routine Medications: _____
Allergies: _____
Other physicians/specialists who provide services to child: _____

MEDICAL/HEALTH INSURANCE:

Company Name: _____ Policy/Group Number: _____
Employee Insurance ID Number: _____

Signature of Parent/Guardian: _____ Date: _____

Child's Name: _____ Child's ID Number: _____

In Case of Emergency

AUTHORIZED EMERGENCY PICKUP CONTACTS

(when parent/guardians are not available)

Name: _____
Relation to Child: _____
Address: _____
Phone: _____ (H) _____ (W) _____ (Pager/Cell)

Name: _____
Relation to Child: _____
Address: _____
Phone: _____ (H) _____ (W) _____ (Pager/Cell)

ONGOING AUTHORIZED NON-EMERGENCY PICKUP LIST

(Friends/relatives other than parents/guardians authorized to pick up child)

Name: _____
Relation to Child: _____
Address: _____
Phone: _____ (H) _____ (W) _____ (Pager/Cell)

Name: _____
Relation to Child: _____
Address: _____
Phone: _____ (H) _____ (W) _____ (Pager/Cell)

Name: _____
Relation to Child: _____
Address: _____
Phone: _____ (H) _____ (W) _____ (Pager/Cell)

Name: _____
Relation to Child: _____
Address: _____
Phone: _____ (H) _____ (W) _____ (Pager/Cell)

Note: Picture ID may be required on pickup, especially in case of a temporary pickup person. The temporary pickup person must have the child ID number. A physical description by custodial parent/guardian will be required for persons not on this pickup list, along with a picture ID up on arrival at the center. Those persons authorized for a one-time or temporary pickup are not automatically placed on the ongoing pickup list.

When marital status changes occur and custody/visitation issues are a question, Challenged Child & Friends, Inc. requires legal documentation [restraining orders, temporary divorce decrees, etc...] that warrant changes in the child's established pickup arrangements. Challenged Child & Friends, Inc. shall abide by said orders or decrees until receiving subsequent official legal documentation modifying or terminating the effectiveness of said orders or decrees.