



WOODBRIDGE PLAY-CARE INOVA

AUTHORIZATION FOR EMERGENCY TREATMENT

I, _____, hereby authorize Annandale Play-Care,
(Parent / Legal Guardian)
Inc. to obtain immediate care for _____ if an
(Child's / Dependent's Name)
emergency occurs when he/she cannot be located.

I authorize any Physician member of the Department of Emergency Medicine of INOVA, Potomac Hospital, Fairfax, Fair Oaks, or any member of The Medical Staff of the above mentioned hospitals requested by The Department of Emergency Medicine Physician, to render Medical, treatment, which is his/her judgement may be deemed necessary in the care of _____.
(Child's / Dependent's Name)

Child's Date of Birth: _____

Child's Allergies (If Any): _____

Child's Doctor: _____

Family Doctor: _____

Medicines Child is taking: _____

Child's Last Tetanus Shot: _____

Outstanding Medical History (Ex. Diabetes, Heart Disease, etc...) _____

ATTENTION: If your child has a medical condition and/or requires the administration of medication by an APC representative, please complete the associated **MAT Emergency Action Plan (Asthma, Anaphylaxis/Severe Allergic Reaction) and/or Medication Authorization form(s).**

