JOY KIDS
LEARNING CENTER
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Emergency Treatment Agreement

Joy Kids Learning Center will take every precaution necessary to ensure the safety of your child, however, in the event of an emergency:

Emergency response teams are authorized to treat my child_____, in the
name of child

event of an emergency.

I _____give consent for the treatment of my child, _____
Name of parent name of child

by medical teams if medical attention is required.

This authorization is good for any attending physician at any hospital or doctors office my child/children may be taken to for treatment.

I, _____, will be responsible for the payment to the doctors or
Name of parent

hospitals for any services rendered, and release Joy Kids Learning Center from any financial liability.

Signed: _____ Date_____
Parent or guardian's signature