



Thomas Jefferson Academy Emergency Medical Authorization

Should (child's name) _____ (date of birth) _____
suffer any injury or illness while in the care of Thomas Jefferson Academy and the facility is
unable to contact me (us) immediately, it shall be authorized to secure such medical attention
and care for the child as may be necessary. I (we) agree to keep the facility informed of
changes in the telephone number, etc. where I can be reached.

The facility agrees to keep me informed of any incidents requiring professional medical
attention involving my child.

Child's primary source of health care is:

Physician/Clinic Name Telephone number

Known medical conditions (i.e.) diabetic, asthmatic, drug allergies:

Does your child suffer from any other physical problems, mental health disorders, or
developmental disabilities which would limit the child's participation in the center's program
and activities?

Signed _____ Date _____

Telephone _____