



KIDDIE COUNTRY DEVELOPMENTAL LEARNING CENTERS

KIDDIE COUNTRY I: 6000 Schoolhouse Woods Road, Burke, Virginia 22015 (703) 250-6550 Fax (703) 250-7631

KIDDIE COUNTRY II: 9601 Old Keene Mill Road, Burke, Virginia 22015 (703) 644-0066 Fax (703) 644-0073

******* School enrollment packet must be completed and returned in person. *******

AUTHORIZATION FOR EMERGENCY TREATMENT

CHILD'S NAME:		DATE OF BIRTH:
HOME ADDRESS:		HOME PHONE:
NAME OF PARENT(S)/GUARDIAN:		
MOTHER		
ADDRESS (IF DIFFERENT):		HOME PHONE:
PLACE OF EMPLOYMENT:		CELL PHONE:
BUSINESS ADDRESS:		BUSINESS PHONE:
FATHER		
ADDRESS (IF DIFFERENT):		HOME PHONE:
PLACE OF EMPLOYMENT:		CELL PHONE:
BUSINESS ADDRESS:		BUSINESS PHONE:
CUSTODIAL GUARDIAN (Other Than Parent)		
ADDRESS (IF DIFFERENT):		HOME PHONE:
PLACE OF EMPLOYMENT:		BUSINESS PHONE:
BUSINESS ADDRESS:		

CHILD'S ALLERGIES (IF ANY):	
CHILD'S DOCTOR:	PHONE:
FAMILY DOCTOR:	PHONE:
MEDICINES CHILD IS TAKING:	LAST TETANUS SHOT:
OUTSTANDING MEDICAL HISTORY (EX: DIABETES, HEART DISEASE, ETC.):	
INSURANCE COMPANY:	IDENTIFICATION/POLICY NUMBER:
SUBSCRIBER'S NAME:	SUBSCRIBER'S PHONE:
SUBSCRIBER'S PLACE OF EMPLOYMENT:	

I, _____ hereby authorize any physician and/or any member of the
Parent or Guardian
 medical staff of any emergency medical facility, requested by the physician, to render medical treatment
 which in his/her judgement may be deemed necessary in the care of _____
Name of Child or Dependent

PARENT OR GUARDIAN SIGNATURE: _____

STATE OF VIRGINIA
 COUNTY OF FAIRFAX, to-wit:

I, the undersigned Notary Public in and for the State and County aforesaid, do hereby certify that
 _____ whose name is signed to the foregoing authorization, has
 personally appeared before me in the State and County aforesaid and acknowledged the same.

Given under my hand and seal this _____ day of _____

 My Commission Expires _____ Notary Public