Rhode Island Department of Human Services

All Providers: Parent Authorization for Emergency Treatment

Updated 01/12/2023

Please ensure that all information on this sheet is completed to comply with regulations.

Authorization Statement			
Family Child Care/ Child Care Center Provider Name:	Montessori Centre of Barrington, Inc.		
Address of Child Care Provider:			
Child's Name:		Date of Birth:	

In consideration of admittance, I hereby authorize Montessori Centre of Barrington, Inc.
Family Child Care/Child Care Center Name

located at 303 Sowams Road (*Number and Street*) Barrington (*City/Town*) RI 0280 (*Zip*)

to arrange for medical examination and/or treatment of my child _____
Child's Full Name

should an emergency arise while my child is in the care of the above state provider/program. It is understood that a conscientious effort will be made by the provider to contact me at the emergency numbers I have provided below before any medical action is taken.

Preferred Hospital			
I would prefer my child be taken to the following hospital should the need arise. However, I understand that the choice of hospital may be limited by service of the local rescue.			
Name of Hospital:			
Number and Street:		State:	Zip:

Physician and Insurance Information			
My child uses the following physician for regular care and his/her insurance information is below.			
Name of Doctor:		Phone:	
Address of Physician's Office:			
Health Insurance Carrier:		Policy Number:	

Emergency Contact Information

In the event of an emergency, the child's parent/guardian(s) will be contacted first. In the event the parent/guardian cannot be reached, emergency contacts must be listed.

Emergency Contact*: An emergency contact can pick up a child from care* ***ONLY*** *if there is written and/or verbal communication from the parent. An emergency contact may also be contacted if the program cannot get ahold of the parent.* **Parents/guardians must identify two (2) adults who can be contacted in the event of an emergency if they are unreachable. This information shall be reviewed annually to update any changes.**

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Please complete the following form listing the authorized and/or emergency contact persons **in the order you wish them to be contacted.**

Full Name:		
Relationship:		☐ **This required emergency contact is also an authorized pickup for my child.**
Address:		
Phone:	**( ) -**	☐ **Mobile** ☐ **Work** ☐ **Home**

Full Name:		
Relationship:		☐ **This required emergency contact is also an authorized pickup for my child.**
Address:		
Phone:	**( ) -**	☐ **Mobile** ☐ **Work** ☐ **Home**

Full Name:		
Relationship:		☐ **This emergency contact is also an authorized pickup for my child.**
Address:		
Phone:	**( ) -**	☐ **Mobile** ☐ **Work** ☐ **Home**

Parent/Guardian Name (Print)

Relation to Child

Parent/Guardian Signature

Date