

Cornerstone Academy Day Center
Alexandria, VA 22306

Child's Emergency Medical/ Transportation Authorization

Name of Child _____ Birthrate _____

In a life-threatening or emergency situation determined by Director or staff in charge, I the Parent(s)/ guardian authorizes Cornerstone Academy Day Center to obtain immediate medical care through First-aid / CPR and/or consents to the hospitalization of, the performance of necessary diagnostic test upon, the use of surgery on, and / or the administration of drugs to, his/her child in the event that the parent/guardian is not available to authorize a medical decision.

In the event of an emergency Cornerstone Academy Day Center will contact at least one of the following Parent(s) / Guardian in this order:

1st _____
Name relation to child Home / work/ other #

2nd _____
Name relation to child Home / work / other #

Emergency transportation will be provided by EMS, if EMS is not readily available within 10 to 15 minutes, other transportation such as a private automobile will be used in case of emergency to transport child to **Mount Vernon Hospital**.

Cornerstone Academy Day Center may contact my medical care provider
_____ at _____.

I hereby authorize Cornerstone Academy Day Center to follow these procedures.

Parent signature

Date