



M.I.L.L.S Institute for Learning and Leadership Services
5200 West South Street, Orlando, FL 32811
(407) 522-0898

Authorization for Emergency Medical Treatment

If my child _____ should become ill or injured at M.I.L.L.S., I understand that the facility will: 1) Contact me immediately or 2) Contact the person(s) I have designated if I cannot be reached.

Should the facility be unable to reach me and the person designated, they are authorized to contact my child's physician and/or arrange for immediate emergency treatment.

The physician and/or medical facility are authorized to administer emergency medical treatment necessary to ensure the health and safety of my child.

Signature: _____

Relationship to child: _____

Date: _____

Preferred Physician: _____

Address: _____

Preferred Hospital: _____ Phone #: _____

Medical Alert Information (allergies, medical, handicapping conditions)

Note: Immunization Record should accompany your child.