

Michael Kauper & Marian Turner
Turner & Kauper Child Care
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***** Permission for Medical Treatment *****

To be presented to medical personnel in case
of emergency involving a child in day care.

My child(ren) _____ is (are) enrolled in the licensed
family child care home of Marian Turner & Michael Kauper, the **Turner & Kauper Child Care**.

By signing this form I give permission to qualified medical personnel to provide medical
treatment to my child(ren) while in the care of **Turner & Kauper** or their employees, but only in
case I cannot be contacted to give permission personally, or I am otherwise unavailable.

Until I can be contacted or become available, please cooperate with **Turner & Kauper** in
providing medical care as they see fit.

Please provide care and treatment to minimize pain, complications, scarring, or delays in
recovery, as well as to protect life and limb.

**Turner & Kauper Child Care has medical and liability insurance through the Adults and
Childrens Alliance.**

Known allergies to antibiotics or medicines:

I **do not** give permission for the following treatments: _____

Check here for no exclusions.

My preferred physician, when available, is _____

My preferred clinic or treatment facility is _____

My medical insurance is _____

Special instructions and comments _____

Phone numbers where I might be reached: Home: _____

Work: _____ Cell: _____

Other: _____

(Signature, parent or guardian)

(Printed name)

(Date)

(Signature, parent or guardian)

(Printed name)

(Date)