
DeSoto, Texas



Est. 1993

**DESOTO
CHILDREN'S**
ACADEMY

Authorization for Emergency Medical Care

This plan must be completed, signed, and dated.

If I cannot be reached to make arrangements for emergency medical care for my child at the time of an illness or accident, I give permission for DeSoto Children's Academy and its staff to take my child:

Child's Name	Date of Birth
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To:

Name of Doctor	Phone Number
Address	

or to:

Name of Hospital	Phone Number
Address	


Please list any known allergies or illness that would conflict with emergency care or treatment:

Parent Signature

Date

 **Email**
rjfrancis@dcadesoto.com

 **Phone**
972-228-2847

 **Address**
901 N. Polk Street, Suite 340
DeSoto, TX 75115