



823 Towne Court
Saginaw, Texas 76179
(682) 286-9662
www.EndlessDiscoveriesCDC.com

EMERGENCY FORM

In the event of an emergency, I give permission to Endless Discoveries Child Development Center to obtain appropriate medical treatment for _____ .
CHILD'S FULL NAME

I release and hold harmless Endless Discoveries Child Development Center for any necessary actions.

Doctor's Name: _____

Address: _____
(INCLUDE CITY & ZIP CODE)

Phone Number: _____ Fax Number: _____

Hospital Name: _____

Address: _____
(INCLUDE CITY & ZIP CODE)

Phone Number: _____ Fax Number: _____

Parent Signature

Picture of Child

I hereby authorize this document
on this _____ day of _____ .

Signature of Notary