

**AUTHORIZATION FOR MEDICAL TREATMENT**

COOPERATIVE CHILD CARE AND TO WHOM IT MAY CONCERN:

This document shall serve as full authorization and approval by the undersigned, as parent, guardian, next of kin, or legal representative of \_\_\_\_\_, for such emergency medical care and treatment as is the discretion of Cooperative Child Care as needed for said child or children, whether administered by staff personnel at Cooperative Child Care or by doctors, nurses, and hospital staff personnel. Furthermore, the undersigned expressly releases Cooperative Child Care and its staff personnel from liability of any and all claims arising out of medical care, custody and supervision delivered by physicians or other qualified medical personnel.

I have read the above and understand the contents thereof.

Dated at Nashville, Tennessee, this \_\_\_\_\_ day of \_\_\_\_\_.

\_\_\_\_\_  
**Signature of parent or guardian**

\_\_\_\_\_ has my permission to have Neosporin applied to any scrap, or cut.

\_\_\_\_\_  
Parent or guardian Signature

\_\_\_\_\_  
Date