

## AUTHORIZATION FOR EMERGENCY MEDICAL CARE FOR TIME4U

In order to meet legal requirements, I hereby authorize Bob Stratton, who is representative of Time4U to give consent for any and all necessary emergency medical care for my child \_\_\_\_\_  
\_\_\_\_\_ (child's name) while said child is in the custody of Time4U between  
the date of August 22, 2017 and May 17, 2018.

\_\_\_\_\_  
(Signature of Parent or Guardian)

\_\_\_\_\_  
(Witness)

### AUTHORIZED PICK UP AND CUSTODY RESTRAINTS

*Persons who are authorized to pick up child if parents are unavailable*

1) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

2) Name \_\_\_\_\_ Relationship to Child \_\_\_\_\_

Address \_\_\_\_\_

Home Phone (\_\_\_\_\_) \_\_\_\_\_

Employer \_\_\_\_\_ Work Phone (\_\_\_\_\_) \_\_\_\_\_

### Custody Restraints/Person(s) WHO MAY NOT Pick up Child:

Name

Relationship to Child