



MEDICAL AUTHORIZATION

JDM Dayhome Agency - Operated by: 14423160 Canada Foundation

I. CHILD AND PROVIDER DETAILS

Child's Full Name	Date of Birth (YYYY-MM-DD)
Alberta Health Care Number	Dayhome Provider Name

II. EMERGENCY CONTACT HIERARCHY

Parent / Guardian 1	Phone
Parent / Guardian 2	Phone

Secondary Contacts (if parents cannot be reached):

Name	Relation	Phone

III. MEDICAL PROFILE

Physician / Clinic Name	Phone
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Allergies (Food, Environmental, Medication)

Diagnoses / Medical Conditions

Current Medications and Dosage

Special Care / Emergency Instructions

IV. CONSENT FOR EMERGENCY CARE

I, the undersigned legal guardian, hereby authorize JDM Dayhome Agency (14423160 Canada Foundation) and the assigned Dayhome Provider to act on my behalf in a medical emergency. By signing below, I expressly consent to:

1. First Aid: The administration of First Aid and/or CPR by trained staff/providers.
2. Emergency Transport: Transportation via ambulance to the nearest medical facility as determined by EMS professionals.
3. Medical Treatment: Admission and any medical/surgical treatment deemed necessary by a licensed physician or emergency health professional.

Every effort will be made to contact you immediately. This authorization is valid for the duration of enrollment unless revoked in writing.

V. AUTHORIZATION SIGNATURES

Parent / Guardian 1 Signature		Parent / Guardian 2 Signature		Agency Representative Signature	
Signature	Date	Signature	Date	Signature	Date