

**HOSPITAL AGREEMENT**

I hereby authorized Camden County Care to render emergency care to my child,  
\_\_\_\_\_, in the event that such is needed while the child is in  
attendance at the Camden County Child Care Center.

I understand that I will be contacted prior to such care being rendered if at all  
possible, if this is not possible, I have submitted to the Camden County Child Care  
Center the names of three (3) individuals who may act on my behalf.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**AUTHORIZATION FOR EMERGENCY MEDICAL CARE**

I, \_\_\_\_\_, give the personnel at the Camden County Child Care  
Center permission to authorized emergency medical care for my child \_\_\_\_\_  
When I am not available.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_