

Play Centers, Inc. / Play and Learn

"Your First Choice for Quality Child Care and Education" in Anne Arundel County, Baltimore City, and Baltimore County



MEDICAL INSURANCE & AUTHORIZATION FORM

| I hereby authorize the staff who are employees, and representa- | tives |
|---|-------|
| of Play Centers, Inc. at, and | k |
| who are caring for my child, | |
| to secure emergency medical care for him/her should a need a | rise. |
| | |
| My child is covered by | |
| Policy # | |
| (print) | |
| Group or Plan # (please indicate)(print) | |
| Authorized by: | |
| (Printed name of Parent or Guardian) | |
| Effective as of: | |
| (23.0) | |