



Play Centers, Inc.
1517 York Road
Lutherville, Maryland 21093
Phone: 410.296.4880 / Fax: 410.296.0803
Federal Tax I.D. Number: 52-1259566
Website: www.playcenters.org

MEDICAL AUTHORIZATION FORM

I hereby authorize the staff who are employees, and representatives of Play Centers, Inc. at _____, and who are caring for my child, _____, to secure emergency medical care for him/her should a need arise.

My child is covered by _____
(Name of Insurance Company)

Policy # _____
(print)

Group or Plan # (please indicate) _____
(print)

Authorized by: _____
(Printed name of Parent or Guardian) (Signature)

Effective as of: _____
(Date)