



**BUCKLEY COUNTRY DAY SCHOOL**  
**Hospitalization Authorization Form**  
**2010 - 2011**

**In the event that I cannot be reached at the numbers listed below, I hereby give my permission to Buckley Country Day School to hospitalize, secure proper treatment for, to order injection, anesthesia, or surgery for my child(ren) named below.**

Child(ren)'s Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name of Parent/Guardian: \_\_\_\_\_

Parent/Guardian's **Home** Telephone #: \_\_\_\_\_

Parent/Guardian's **Work** Telephone #: \_\_\_\_\_