

**Authorization of Consent to Medical Treatment**

I, authorize **Teddy Bear Learning Center, LLC** at  
9765 Olympia Drive in the city of Fishers, Indiana, in case  
of emergency to take my child  
\_\_\_\_\_, to the nearest medical facility  
to receive any needed emergency treatment until I can be  
reached.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of parent of Legal Guardian)

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Sworn to and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
(Signature of Notary)

Residing in \_\_\_\_\_ County.

My commission expires \_\_\_\_\_.