



221 Old Padonia Rd  
Cockeysville, MD 21030  
(410)560-0611  
Kelly@appletreecenter.com

## Medical Authorization and Insurance Form

I, \_\_\_\_\_ authorize the staff at Timonium Children's Center who are caring for my child, \_\_\_\_\_, to secure emergency medical care for him/her should there be a need.

My child is covered by \_\_\_\_\_  
(Name of Insurance Company)

Policy # \_\_\_\_\_

Group or Plan # \_\_\_\_\_

Authorized By: \_\_\_\_\_

Effective Date of: \_\_\_\_\_