



1850 York Road Suite A-C
Timonium, MD 21093
(443)275-2903

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: _____