

Emergency Transportation and Treatment Authorization

Fill out either section 1 or 2 below. **DO NOT** fill out both.

1. Permission to Transport and Secure Treatment:

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, I grant my permission for:

(Name of childcare provider)

To take my child:

(Name of child)

To the nearest hospital or medical/dental facility for treatment for any accident or illness that provider feels needs immediate medical attention. I accept liability for all expenses incurred.

Signature:

(Signature of parent/guardian, and date)

2. Refusal to Grant Permission:

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, **I DO NOT** grant my permission for:

(Name of childcare provider)

To take my child:

(Name of child)

To the nearest hospital or medical/dental facility for treatment for any accident or illness that provider feels needs immediate medical attention. Instead, I wish the following action to be taken:

Signature:

(Signature of parent/guardian, and date)