



Emergency Transportation and Treatment Authorization

Today's Date: _____

In the event that I cannot be reached to make arrangements for emergency medical or dental care for my child, I (grant / decline) permission for:
(Circle one)

(name of child care provider or facility)

to take my child: _____
(Child's name)

to the nearest hospital, medical, or dental facility for treatment for any accident or illness as deemed necessary by the provider.

I accept full liability for all treatment and ambulance expenses.

Signature Printed Name Relationship

Decline option: I wish the following action to be taken in the event of a medical or dental emergency:

Parent / Guardian Signature Printed Name Relationship Date