

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 child care provider or facility)

to take my child:

(name of child)

to the nearest hospital or medical or dental facility for treatment for any accident or illness as deemed necessary by the provider. I accept liability for all treatment and ambulance expenses.

Signature:

(signature of parent or 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 child care provider or facility)

to take my child:

(name of child)

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

Instead, I wish the following action to be taken:

Signature:

(signature of parent or guardian, and date)