

## PERMISSION FORM

1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.
2. I hereby authorize the staff at \_\_\_\_\_ child care facility to call a medical practitioner or ambulance for my child, \_\_\_\_\_, in case of accident or illness if I cannot immediately be reached. If such an emergency should arise, I shall be notified as soon as possible. I agree that I shall be solely responsible for any cost incurred for such services.

\_\_\_\_\_ *Date*

\_\_\_\_\_ *Signature of Parent/Guardian*

Child's Name: \_\_\_\_\_ Surname, First  
D.O.B. \_\_\_\_\_ year, month, day  
Address: \_\_\_\_\_  
Home phone: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work phone: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_  
Date of Most Recent Tetanus Shot: \_\_\_\_\_  
Child's Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Medical Number: \_\_\_\_\_  
Allergies/Medications: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

Please attach child's  
photo to this form

**EMERGENCY - PERMISSION CARD**