

**EMERGENCY CONSENT:**

It is our policy of to notify a parent when a child is ill or needs medical attention. Occasionally, we cannot contact a parent and we need to get immediate help for the child. Our procedure is to take the child to the nearest emergency service.

Please sign below so that we can take appropriate action on behalf of your child.

I HEREBY GIVE MY/OUR CONSENT FOR MY/OUR CHILD \_\_\_\_\_  
WHEN ILL/INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY  
CHILD'S DAYCARE WHEN I/WE CANNOT BE CONTACTED. I CONSENT TO AN AMBULANCE BEING  
CALLED TO TRANSPORT THE CHILD, IF NECESSARY. I FURTHER AGREE TO PAY ALL COSTS  
INCURRED FOR TRANSPORT.

<input type="text"/>	<input type="text"/>
Parent/Guardian Signature	Parent/Guardian Signature
<input type="text"/>	<input type="text"/>
Date:	Date: