EMERGENCY TRANSPORTATION AUTHORIZATION

A. Complete the following:

Child's Name	Mother's Name	Father's Name
Street Address	Home Address	Home Address
City, State, and Zip Code	City, State, and Zip Code	City, State, and Zip Code
Telephone Number	Telephone Number	Telephone Number
Alternate Phone Numbers (ie. cell-phone, pager)	Employer's Street Address	Employer's Street Address
	City, State, and Zip Code Phone Number	City, State, and Zip Code Phone Number

B. List two people who can be contacted in an emergency if the parent cannot be reached:

Name	Name
Street Address	Street Address
City, State, and Zip Code	City, State, and Zip Code
Relationship to Child Phone #	Relationship to Child Phone #

C. Complete the following:

Name of Physician of Clinic	Name of Dentist or Clinic
Street Address	Street Address
City, State, and Zip Code Phone #	City, State, and Zip Code Phone #

D. Either Part I or Part II must be completed. Do not complete both.

This form only authorizes the child care facility to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility set their own treatment procedures.

Part I. Permission to Transport Child

I give _____ my permission to transport my child _____
(name of facility) (name of child)

t o _____ for emergency medical care or to _____for emergency dental care,
(hospital or clinic) (dentist or dental clinic)

or to the nearest available source of assistance.

Parents Signature	Date

Part II. Refusal to Grant Permission

I do not give permission to _____ for emergency medical or dental care. In the event of an illness or
(name of facility)

injury which requires emergency medical or dental treatment, I wish the following action to be taken _____

Parents Signature	Date