

SAPPINGTON CHILD CARE CENTER

AUTHORIZATION FOR EMERGENCY CARE AND TRANSPORTATION OF SCHOOL AGE CHILD

Child's Name _____

Mother's Name _____

Father's Name _____

Number to call in case of an emergency _____

Alternate Contact _____

Phone Number _____ Relationship to Child _____

Special Care Instructions for Child _____

If, at any time, due to an unforeseen emergency, medical treatment is necessary for my child, I authorize Sappington Child Care Center to take whatever emergency measures they deem necessary for the protection of my child while in their care.

I understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety.

I understand that an emergency may involve contacting a doctor, interpreting and carrying out his or her instructions, and transporting my child to St. Anthony's Hospital, including the possible use of an ambulance.

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment, including ambulance fees, is my responsibility.

Parent or Legal Guardian Signature

Date

Parent or Legal Guardian Signature

Date