

## 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:

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(Name of childcare provider)

To take my child:

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(Name of child)

To the nearest hospital or medical/dental facility for treatment for any accident or illness that provider feels needs immediate medical attention. I accept liability for all expenses incurred.

Signature:

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(Signature of parent/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:

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(Name of childcare provider)

To take my child:

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(Name of child)

To the nearest hospital or medical/dental facility for treatment for any accident or illness that provider feels needs immediate medical attention.

**Instead**, I wish the following action to be taken:

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Signature:

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(Signature of parent/guardian, and date)