

Emergency – Permission Card

Child's Name		Date	
Address			
Birth Date		Hair Color	Eye Color
Mother's Name	Home Phone	Work Phone	Cell Phone
Father's Name	Home Phone	Work Phone	Cell Phone
Emergency Contact		Phone Number	
Child's Doctor		Phone Number	
Allergies			
Medication			
Medical Condition			

*Student photo
Office use only*

It is the childcare provider's policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child. Our purpose is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility.) If an ambulance is not available, the childcare provider/staff of the childcare will transport the child.

I hereby give permission to the childcare provider/staff of Grace Childcare/C.A.C. Preschool to make necessary transportation arrangements for my child _____ who has become ill or injured.

Signature of Parent/Guardian _____ Date _____

Signature of Provider _____ Date _____