

Emergency Medical and Transportation Consent Form

I give permission to Saira Ali, my child's daycare provider to obtain emergency treatment, first aid and/or CPR to my child _____ and I give permission for my child to be transported by car or ambulance to the hospital for any emergency medical treatment when I cannot be reached or delay in receiving care would be dangerous for my child's health.

I, the parent understand that I assume all financial responsibility for any treatment or injuries and/or transportation sustained by my child while he/she is in childcare.

Please attach a copy of child's insurance card (not mandatory)

Insurance Company _____

ID/Policy Number _____

Preferred hospital/ treatment center

My child is taking following medications

My child has following allergies

Name of parent/guardian

Signature of parent/Guardian

Date

Name of parent/Guardian

Signature of parent/Guardian

Date