	Emergency – Permission Card							
Child's PHOTO	Child's Name:					(Surname	First)	
		D.O.B.:						
Address:				<u> </u>		(YYYY/MMI	M/DD)	
Caregiver 1 Name:								
Phone 1:	Private:			Work:				
Caregiver 2 Name:			1		,			
Phone 2:	Private:			Work:				
Emergency Contact Name:								
Emergency Contact Info:	Relationships:			Phone:				
Child's Doctor:				Phone:				
Medical Number:					1			
Allergies / Medication:								
Child's Dentist:				Phone:				
	lmmı	unization Up to date:	□Yes	[□ No			
		Em	ergend	:y -	Per	miss	sion	Card
Child's PHOTO		Emo	ergend	:y -	Per	'miss		Card
Child's PHOTO			ergend	Ey –	Per	(Surname	First)	Card
Child's PHOTO Address:		Child's Name:	ergenc	2y –	Per		First)	Card
		Child's Name:	ergenc	y –	Per	(Surname	First)	Card
Address:	Private:	Child's Name:	ergend	Work:	Per	(Surname	First)	Card
Address: Caregiver 1 Name:	Private:	Child's Name:	ergend		Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1:	Private:	Child's Name:	ergenc		Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1: Caregiver 2 Name:		Child's Name:	ergenc	Work:	Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1: Caregiver 2 Name: Phone 2: Emergency Contact		Child's Name:		Work:	Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1: Caregiver 2 Name: Phone 2: Emergency Contact Name: Emergency Contact	Private:	Child's Name:		Work:	Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1: Caregiver 2 Name: Phone 2: Emergency Contact Name: Emergency Contact Info:	Private:	Child's Name:		Work: Work:	Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1: Caregiver 2 Name: Phone 2: Emergency Contact Name: Emergency Contact Info: Child's Doctor:	Private:	Child's Name:		Work: Work:	Per	(Surname	First)	Card
Address: Caregiver 1 Name: Phone 1: Caregiver 2 Name: Phone 2: Emergency Contact Name: Emergency Contact Info: Child's Doctor: Medical Number: Allergies /	Private:	Child's Name:		Work: Work:	Per	(Surname	First)	Card

	Permission	Form:
1.	If we are unable to contact the parent ar	when a child is ill or requires medical attention. Index the child needs immediate medical help, aff to take appropriate action on behalf of the distortion of the distortion of the distortion.
2.	practitioner or ambulance for my child, or illness if I cannot immediately be reached	ature School child care facility to call a medical , in case of accident d. If such an emergency should arise, I shall be nall be solely responsible for any cost incurred
	Date:	
	Signature of Parent/Guardian:	

Permission Form:

- 1. It is the facility's policy to notify the parent when a child is ill or requires medical attention. If we are unable to contact the parent and the child needs immediate medical help, parental consent is necessary for facility staff to take appropriate action on behalf of the child. Your consent will accompany the child to the emergency service.

Date:	
Signature of Parent/Guardian:	