

MEDICAL EMERGENCY AUTHORIZATION

I hereby grant permission for \_\_\_\_\_ to take  
(Name of daycare provider)

Necessary steps to obtain emergency medical care until I can be contacted.

Steps may include, but not limited to: Attempt to contact parent/emergency contacts  
Attempt to contact child's physician  
Taking the child to local ER or Clinic

In the event of a serious medical emergency, \_\_\_\_\_  
(Name of daycare provider)

has my permission to call an ambulance to transport my child(ren) for emergency medical treatment.

NAMES OF CHILDREN COVERED BY AUTHORIZATION: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Immunizations up to date? Yes/No I have opposed immunizations? \_\_\_\_\_ Yes

Please list any allergies: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any other important medical information that should be known by treating  
physician: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any medications the child takes: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Child Care Activity Authorization Form

\_\_\_\_\_ I give permission for my child, \_\_\_\_\_, to walk to and/or participate in activities geared for my child, but away from the child care residence under the supervision of my provider or **adult** helper. My provider will inform me in advance of field trips beyond the immediate neighborhood.

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\_\_\_\_\_ I give permission for my school-age child, \_\_\_\_\_, age: \_\_\_\_\_ to walk **unsupervised** to: \_\_\_\_\_ the bus stop at \_\_\_\_\_  
(Location)  
\_\_\_\_\_ the \_\_\_\_\_ School  
(Name of School)

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\_\_\_\_\_ I give permission for my **school-age child**, \_\_\_\_\_, age \_\_\_\_\_, to be off or away from my child care provider's premises, to participate in \_\_\_\_\_.  
I understand that my child will **not** be under the direct supervision of the child care provider, substitute, or helper.

Restrictions: \_\_\_\_\_  
\_\_\_\_\_

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\_\_\_\_\_ I give permission to \_\_\_\_\_ to transport my child(ren) in her vehicle for the following reasons: \_\_\_\_\_ Trips to the library \_\_\_\_\_ Trips to the park/playground  
\_\_\_\_\_ Trips to preschool \_\_\_\_\_ Trips to the bus stop/school \_\_\_\_\_ Other \_\_\_\_\_

All child(ren) will be fastened in a safety seat, seat belt, or harness appropriate to their weight and the restraint must be installed and used in accordance with the manufacturer's instructions and state law.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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My Day Care Provider has given me a copy of her policies and a "Rule Summary for Parents"

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_

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My Day Care Provider will not be transporting my child(ren) for any reason.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Provider Signature: \_\_\_\_\_ Date: \_\_\_\_\_