



EMERGENCY TRANSPORTATION AUTHORIZATION

Child Care Centers/Type A Family Child Care Homes/Type B Family Child Care Homes/In-Home Aides

A. Complete the following:

Name of Child/Children*	Mother's Name	Father's Name
Street Address	Home Address	Home Address
City, State, and Zip Code	City, State, and Zip Code	Phone Number
Telephone Number	Employer's Name	Employer's Name
*List names of additional children in care from the same family when all other information on this form pertains to all children listed.	Employer's Street Address	Employer's Street Address
	City, State, and Zip Code	Phone Number
	City, State, and Zip Code	Phone Number
If not at home or work, give school telephone number or other telephone number where parents can be reached, if different than above. Mother _____ Father _____		

B. List two people who can be contacted in an emergency if the parent cannot be reached:

Name	Name
Street Address	Street Address
City, State, and Zip Code	City, State, and Zip Code
Relationship to Child	Telephone Number
Name of Physician or Clinic	Name of Dentist or Clinic
Street Address	Street Address
City, State, and Zip Code	Telephone Number

C. Either Part I or Part II below must be completed. Do not complete both.

The form only authorizes the child care facility to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency care. The facility establishes its own treatment procedures.

Part I - Permission to Transport Child

I give _____ my permission to transport my child
 (name of child day care facility, type B home provider, in-home aide)

_____ to _____ for emergency medical care or to
 (name of child) (Name of emergency care facility) (FOR ST. ELIZABETH:) Main _____ Boardman
 (Please select which branch)

_____ for emergency dental care, or to the nearest available source of assistance.
 (dentist, dental clinic)

Parent's Signature _____ Date _____

Part II - Refusal to Grant Permission to Transport Child

I do not give permission to _____
 (name of child day care facility, type B home provider, in-home aide)

to transport my child _____ for emergency medical or dental care. In the event of an illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken _____

Parent's Signature _____ Date _____