

Emergency Transportation and Treatment Authorization

To whom it may concern:

I give Christine Hernandez, my child's daycare provider, permission to administer first aid and/or CPR to my child/children _____ and/or permission for my child to be transported by car or ambulance to a hospital for emergency medical treatment when I cannot be reached or when delay would be dangerous to my child's health.

If possible, please attach a copy of the child's insurance card (not mandatory).

I, the parent, assume responsibility for all costs for emergency transportation and care.

Parent/guardian signature

Date

I/we are covered by medical insurance as follows:

Insurance Company: _____

ID/Policy Number: _____