



CHILD DEVELOPMENT CENTER

## EMERGENCY TRANSPORTATION CONSENT FORM

TO BE COMPLETED BY PARENT OR GUARDIAN

I UNDERSTAND THAT NO EMERGENCY TREATMENT WILL BE GIVEN WITHOUT PARENTAL CONSENT, EXCEPT IN A LIFE-THREATENING SITUATION. I UNDERSTAND THAT I MUST LEAVE NUMBERS WHERE I, MY SPOUSE, OR A RESPONSIBLE ADULT DESIGNATED BY ME MAY BE REACHED DAILY

IN CASE OF A MEDICAL EMERGENCY, I UNDERSTAND THAT THE FOLLOWING STEPS WILL BE FOLLOWED:

1. THE CENTER WILL CONTACT PARENT(S)/ GUARDIAN(S)

MOTHER'S PHONE NUMBER(S): \_\_\_\_\_ OR \_\_\_\_\_

FATHER'S PHONE NUMBER(S): \_\_\_\_\_ OR \_\_\_\_\_

GUARDIAN'S PHONE NUMBER(S): \_\_\_\_\_ OR \_\_\_\_\_

2. IF PARENT(S) OR GUARDIAN IS NOT AVAILABLE, THE CENTER WILL CONTACT THESE EMERGENCY PERSONS:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

3. THE CENTER WILL ARRANGE FOR EMERGENCY TRANSPORTATION TO THE NEAREST EMERGENCY MEDICAL FACILITY. IF NECESSARY, MY CHILD WILL BE TRANSPORTED BY AMBULANCE OR OTHER VEHICLE.
4. THE CENTER WILL CONTACT MY CHILD'S PHYSICIAN:

\_\_\_\_\_  
NAME ADDRESS OFFICE NUMBER

I HEREBY AUTHORIZE THE CENTER TO FOLLOW THIS PROCEDURE

\_\_\_\_\_  
PARENT/ GUARDIAN'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
CHILD'S NAME