



Kids We Love Childcare Emergency Care & Transportation Form

Parental Consent For Emergency Care And Transportation

Provider's Name: Sally Montaseri

Child's First & Last Name: _____

Child's Date of Birth: _____
(mm/dd/yyyy)

If at any time, due to such circumstances as an injury or sudden illness, medical treatment is necessary, I authorize my childcare provider **Sally Montaseri** to take whatever emergency measures she deems necessary for the protection of my child while in her care.

I understand this may involve calling a physician, interpreting and carrying out his or her instructions, and transporting my child to a hospital or medical facility, including the possible use of an ambulance.

If possible, the preferred physician's office and / or the hospital will be;
(Include physician's / hospital's name and address or write 'Any')

Physician: _____

Hospitals: _____

Second hospital of preference: _____

I understand that this may be done prior to contacting me, and that any expense incurred for such treatment is my responsibility.

My child's Health Card Number is:

Expiry date: _____
(mm/dd/yyyy)

Parent's Signature Date (mm/dd/yyyy)

Parent's Signature Date (mm/dd/yyyy)

Provider's Signature Date (mm/dd/yyyy)