

## Permission For Emergency Medical Care

In case of an emergency, I give permission to the staff of the Sharon Day Care Center to secure emergency medical care and/or hospitalization for my child \_\_\_\_\_.

I understand that the center will make every effort to contact me in an emergency situation, however, care and treatment of my child is the highest priority.

My child's pediatrician is \_\_\_\_\_.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date

### Emergency Contacts

List two neighbors or nearby relatives who will assume temporary care of your child(ren) if you cannot be reached in the event of your child's emergency illness or the center's emergency closing.

Name \_\_\_\_\_ Telephone(s) \_\_\_\_\_

Name \_\_\_\_\_ Telephone(s) \_\_\_\_\_

**Please notify the director of any change in the above names.**