EMERGENCY PERMISSION CARD

Providers Name: Stacy Willie/Country Daycare Date:_____
Address: 1737 Co. Rd. 1095 Ashland, Ohio 44805

Child's Photo Daycare will add current digital photo

Child's Name: _____
Hair Color: _____
Eye Color: _____
Birthdate: _____
Address: _____
Home Phone: _____

Mother's Name:_____Work Phone:_____

Father's Name:_____Work Phone:_____

Mothers Home Phone:_____ Fathers Home Phone_____

Emergency Contact:_____ Phone:_____

Child's Doctor:_____Phone:_____

Child's Health #_____ ID#_____

Allergies:_____

Medication:_____

Medical Condition:_____

Child's Dentist:_____ Phone:_____

It is Country Daycares policy to notify a parent when a child is ill or in need of medical attention. Occasionally we are unable to contact parents, and we need to get immediate help for the child.

Our procedure is to have the child taken to the nearest emergency service by ambulance. (Ambulance fee is the parent's responsibility.)

If an ambulance is not available, Stacy Willie or a designee of Country Daycare will transport the child.

I hereby give permission to Stacy Willie/designee of Country Daycare to make necessary transportation arrangements for my child _____ who has become ill or injured.

Signature of
Parent/guardian_____ Date_____

Signature of
Provider_____Date_____

This is best printed on cardstock. Once complete, add childs current picture, cut around edge, fold in half and laminate. Carry with you at all times. This should be renewed yearly.