



EMERGENCY CONSENT

IT IS OUR POLICY TO NOTIFY A PARENT WHEN A CHILD IS ILL OR NEEDS MEDICAL ATTENTION.

OCCASIONALLY, WE CANNOT CONTACT A PARENT AND WE NEED TO GET IMMEDIATE HELP FOR THE CHILD.

OUR PROCEDURE IS TO TAKE THE CHILD TO THE NEAREST EMERGENCY SERVICE.

PLEASE SIGN BELOW SO WE CAN GET APPROPRIATE ACTION ON BEHALF OF YOUR CHILD.

I _____ HEREBY GIVE MY CONSENT FOR MY CHILD _____ WHEN ILL/ INJURED, TO BE TAKEN TO THE NEAREST EMERGENCY CENTER BY THE STAFF OF MY CHILD'S DAY CARE "MI ESCUELITA" WHEN I CANNOT.

DATE _____

EMERGENCY CONTACT:

NAME: _____ (relationship) _____

CELL#: _____

***PLEASE GIVE CONTACT INFORMATION OF SOMEONE WHO IS CLOSE ENOUGH TO COME IN THE EVENT OF EMERGENCY BESIDE YOURSELF.**