

AUTHORIZATION FOR EMERGENCY CARE & PERMISSION TO LEAVE FACILITY



Parents Day Out and Preschool at Westminster

Phone: 417-866-2712

Fax: 417-866-2711

Email: pdo_westminster@sbcglobal.net

Child's Name: _____ Birthdate: _____

If, at any time, due to such circumstances as an injury/sudden illness or other unforeseen emergency, medical treatment is necessary, I authorize PARENTS DAY OUT AND PRESCHOOL AT WESTMINSTER to take whatever emergency measure they deem necessary for the protection of my child while in their care.

I understand that this may include contacting a doctor, interpreting and carrying out his/her instructions, and may also include transporting my child to the hospital or doctor's office, perhaps by ambulance.

I understand that the doctor and hospital that will be contacted in the event of an emergency was listed by me on my child's enrollment form. I am in agreement that it is my responsibility to keep all contact information, phone numbers, doctor/hospital changes, etc., updated with the center director.

I also understand that a natural or deliberate disaster or emergency may result in the need for my child to be transported to another location for safety, and that PARENTS DAY OUT AND PRESCHOOL AT WESTMINSTER has an emergency plan that includes 3 off-site locations for such purpose (within walking distance). I have been provided a copy of the names and addresses of those 3 off-site locations (ATTACHED...PLEASE KEEP FOR YOUR RECORDS).

I further understand that this may be done PRIOR to contacting me, and that any expense incurred, including ambulance fees, is my responsibility.

Parent Signature: _____ Date: _____