

EMERGENCY CARE FORM DATE _____

Child's Name _____ DOB _____

We the undersigned hereby grant permission for the supervisory
Personnel of the LOWC Child Care Center or paramedics to
Provide and administer immediate emergency medical measures
Including transportation to the nearest medical facility.

PARENT NAME _____

PARENT WORK TELE # _____

DOCTOR _____ TELE # _____

ALLERGIES/CONDITIONS _____

Parent/Guardian Signature _____