

EMERGENCY CARE FORM

DATE _____

Child's Name _____ **DOB** _____

We the undersigned hereby grant permission for the supervisory personnel of the LOW Church Child Care Center or paramedics to provided 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 _____

Revised 1/2017