**Emergency Permission**

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In the event of an injury or illness that occurs while your child is in our care, we will follow these procedures depending on your child’s condition:

* If your child has sustained a mild injury (example: skinned knee) we will make your child comfortable and let you know what happened when you come to pick up your child.
* If your child has sustained a minor injury or might be coming down with an illness (example: slight fever or bumped head) we will call you (or your emergency contacts, if you’re not available) and let you know what happened, and what your child’s condition appears to be. We will make your child comfortable and monitor his/her condition. If the condition worsens or your child does not appear comfortable at the preschool, we will call you again and ask that you pick up your child.
* If your child has sustained a severe injury (example: broken leg) we will perform immediate CPR or First Aid to try to stabilize your child’s condition. We will also call 911 to get immediate help for your child and will transport your child by ambulance or other method necessary to secure the best possible care for your child. Once we make sure that your child is receiving the necessary care he/she needs, we will contact you (or your emergency contacts, if you’re not available) and let you know of your child’s condition and location.

I hereby give permission to Staff of *From Seeds to Sprouts* to provide or secure the necessary medical care for my child \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, including arranging the transportation for my child to the nearest hospital, medical, or dental facility for treatment as deemed necessary by the provider. I also accept full liability for all treatment and transportation expenses.

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contacts**

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In the event that we cannot reach you, please list two emergency contacts that we can call and relay information about your child’s condition and location.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Child’s DOB: \_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship to Child: \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_