

EMERGENCY TRANSPORTATION AUTHORIZATION
Child Day Care Centers/Type A Family Day Care Homes/Type B Family Day Care Homes/In-Home Aides

A. Complete the following:

Child's Name	Mother's Name	Father's Name	
Street Address	Home Address	Home Address	
City, State, and Zip Code	City, State, and Zip Code	Phone Number	City, State, and Zip Code Phone Number
Telephone Number	Employer's Name	Employer's Name	
If not at home or work, give school telephone number or other telephone number where parents can be reached, if different from above. Mother _____ Father _____	Employer's Street Address	Employer's Street Address	
	City, State, and Zip Code	Phone Number	City, State, and Zip Code Phone Number

B. List two people who can be contacted in an emergency if the parent cannot be reached:

Name	Name
Street Address	Street Address
City, State, and Zip Code	City, State, and Zip Code
Relationship to Child	Telephone Number
Relationship to Child	Telephone Number

C. Complete the following:

Name of Physician or Clinic	Name of Dentist or Clinic
Street Address	Street Address
City, State, and Zip Code	Telephone Number
City, State, and Zip Code	Telephone Number

D. Either Part I or Part II below must be completed. Do not complete both.

The form only authorizes the child care facility to secure emergency transportation for a child. This form does not authorize or guarantee treatment upon arrival at the designated source of emergency medical or dental treatment, as each emergency facility sets their own treatment procedures.

Part I. Permission to Transport Child

I give _____ my permission to transport my child
(name of child day care facility, type B home provider, in-home aide)
 _____ to _____ for emergency medical care or to
(name of child) *(hospital, clinic)*
 _____ for emergency dental care, or to the nearest available source of assistance.
(dentist, dental clinic)

Parent's Signature	
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Part II. Refusal to Grant Permission

I do not give permission to _____
(name of child day care facility, type B home provider, in-home aide)
 to transport my child _____ for emergency medical or dental care. In the event of an
(name of child)
 illness or injury which requires emergency medical or dental treatment, I wish the following action to be taken _____

Parent's Signature	Date
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Note: This is a sample form provided by ODHS which may be used by centers, type A homes, type B home providers, and in-home aides to meet the requirements of rules 5101:2-12-49 (centers), 5101:2-13-48 (type A homes), 5101:2-14-28 (type B homes), and 5101:2-15-18 (in-home aides).